

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 OCT -9 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000005395**

1. Entity Name  
**SKATE SHOOT SAVE INC.**



Principal Place of Business  
**650 GENEVA PL  
TAMPA FL 33606**

Mailing Address  
**650 GENEVA PL  
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03/03/03 90431047 \$61.25  
 CHECK HERE IF MAKING CHANGES

4. FEI Number  
**32-0022535**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARDO, JOSEPH J  
650 GENEVA PL  
TAMPA FL 33606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P.D.</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, JOHN G</b>	
STREET ADDRESS	<b>18804 AVENUE MONACO</b>	
CITY-ST-ZIP	<b>LUTZ FL 33558</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LEONARDO, JOSEPH J</b>	
STREET ADDRESS	<b>650 GENEVA PL.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PREUSCH, BARRY</b>	
STREET ADDRESS	<b>5015 WESLEY DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33306</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>QUESSBERRY, MARTIN</b>	
STREET ADDRESS	<b>401 CHANNELSIDE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMITZ, KARL M</b>	
STREET ADDRESS	<b>12000 DALE MABRY HWY. N. SUITE 264</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **UBR REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03  
Date

Daytime Phone #

CR2E037 (4/03)