

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90197 032 \*\*\*150.00

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**DOCUMENT # P01000015105**

1. Entity Name  
**SKY WALKER PERFORMANCE JET SKI INC.**



Principal Place of Business  
**413 MISSISSIPPI AVENUE  
PALM HARBOR FL 34683**

Mailing Address  
**413 MISSISSIPPI AVENUE  
PALM HARBOR FL 34683**

**11014461**



2. Principal Place of Business  
**2400 BAY SHORE BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**500 NEW YORK AVE.**  
Suite, Apt. #, etc.

City & State  
**DUNEDIN FL.**  
Zip  
**34698**  
Country  
**PINELLAS**

City & State  
**DUNEDIN FL.**  
Zip  
**34689**  
Country  
**PINELLAS**

4. FEI Number **59-3703179**  Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHAFFIN, LUCAS  
413 MISSISSIPPI AVENUE  
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **LUCAS CHAFFIN**  
Street Address (P.O. Box Number is Not Acceptable)  
~~2400 BAYSHORE BLVD.~~  
**2400 BAYSHORE BLVD.**  
City **DUNEDIN FL** Zip Code **34698**

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 **LUCAS CHAFFIN** DATE **4/20/03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D CHAFFIN, LUCAS**  
STREET ADDRESS **413 MISSISSIPPI AVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE  Change  Addition  
NAME **LUCAS CHAFFIN**  
STREET ADDRESS **500 NEW YORK AVE. #12**  
CITY-ST-ZIP **DUNEDIN, FL. 34698**

TITLE  Delete  
NAME **D COLIN CAMPBLE**  
STREET ADDRESS **109 PHELPS WAY**  
CITY-ST-ZIP **PALM HARBOR FL. 34683**

TITLE  Change  Addition  
NAME **D COLIN CAMPBLE**  
STREET ADDRESS **109 PHELPS WAY**  
CITY-ST-ZIP **PALM HARBOR, FL. 34683**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 reports 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 607, 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: **LUCAS CHAFFIN** Date **3/28/03** Daytime Phone # **(727) 786-1641**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)