

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 BAYSHORE BLVD.

3. Mailing Address

500 NEW YORK AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 12

City & State

DUNEDIN FL.

City & State

DUNEDIN FL.

4. FEI Number

59-3703179

☒ Applied For

☐ Not Applicable

Zip

34698

Country

FLORIDA

Zip

34689

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

LUCAS CHAFFIN

Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

LUCAS CHAFFIN

4/20/03

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAFFIN, LUCAS	
STREET ADDRESS	413 MISSISSIPPI AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLIN CAMPBELL	
STREET ADDRESS	109 PHELPS WAY	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS CHAFFIN	
STREET ADDRESS	500 NEW YORK AVE. #12	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLIN CAMPBELL	
STREET ADDRESS	109 PHELPS WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
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 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

RES. 3/28/03

(727) 786-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)