2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State
07-17-2001 90094 034 ***550.00

DOCUMENT # P98000030891

1. Entity Name
APOCALYPSE SKATEBOARD, INC.

Principal Place of Business	Mailing Address
5900 S. TAMIAMI TR. SUIE P SARASOTA FL 34231	5900 S. TAMIAMI TR. SUIE P SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5900 South Tamiami Trail	← SAME
Suite, Apt. #, etc.: STE P	Suite, Apt. #, etc.
City & State: Sarasota, Fl.	City & State
Zip: 34231 Country: USA	Zip Country

4. FEI Number 65-0830383 ☐ 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
ALVIS, KAZIMIR K 5900 S. TAMIAMI TRAIL SARASOTA FL 34231	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVIS, KAZIMIR K 5900 S. TAMIAMI TRAIL SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURCO, NICOLE 5900 S. TAMIAMI TRAIL SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE TURCO/ KAZ ALVIS — July 10 01 — 941.928 8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #