

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90079 020 ***150.00

DOCUMENT # 248598

1. Entity Name
SKIPPER'S, INC.



Principal Place of Business
205 S. MAGNOLIA AVE.
OCALA FL 34474
US

Mailing Address
205 S. MAGNOLIA AVE.
OCALA FL 34474
US

90016681



2. Principal Place of Business
215 S. Magnolia Ave.
Suite, Apt. #, etc.

3. Mailing Address
215 S. Magnolia Ave.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
59-0933372

Applied For
Not Applicable

Zip Country
34474 US

Zip Country
34474 US

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

SKIPPER, DAVID LEE
215 S E 1ST AVENUE
OCALA FL 34474

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 **David Lee Skipper, Pres.**

David Lee Skipper

1/30/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **SKIPPER, DAVID LEE**
STREET ADDRESS **205 S. MAGNOLIA AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **PTD** ☒ Change ☐ Addition
NAME **Skipper, David Lee**
STREET ADDRESS **215 S. Magnolia Ave.**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **VD** ☐ Delete
NAME **SKIPPER, A GORDON**
STREET ADDRESS **1152 S.E. 10TH ST.**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Lee Skipper* **REQUIRED** David Lee Skipper

352-622-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)