

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

Ammended
FILED

DOCUMENT # *G58259*

1. Entity Name

Gulfcoast skating Center, Inc.

02 JUL 12 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-07/16/02--01041--011

*****61.25 *****61.25

2. Principal Place of Business

8345 Congress St

Suite, Apt. #, etc.

3. Mailing Address

5408 St James Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

69-2317200

Applied For

Not Applicable

Zip

341668

Country

USA

Zip

341652

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kelly Drew

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

5408 St James Dr

City

New Port Richey

FL

Zip Code

34652

**DO NOT WRITE
IN THIS SPACE**

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

Kelly L Drew *Kelly L Drew*

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

(NOTE: If registered Agent signature requested when reinstating)

6-28-02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *P/Sec/D*
NAME *Gary Easmunt*
STREET ADDRESS *5008 Deer Lodge Rd*
CITY-ST-ZIP *New Port Richey, FL 341655*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VP/Treas/D*
NAME *Deborah Williams*
STREET ADDRESS *5008 Deer Lodge Rd*
CITY-ST-ZIP *New Port Richey, FL 341655*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Easmunt - President *GARY EASMUNT 6/28/02 (727) 376-3124*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

js 7/12/02