## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 11, 2002 8:00 am Secretary of State H65275 DOCUMENT # 1. Entity Name 09-11-2002 90127 011 \*\*\*150.00 SKILLSHOPS INC. Principal Place of Business Mailing Address 350 PONTE VEDRA BLVD. 350 PONTE VEDRA BLVD. 979768 P.O. BOX 1764 P.O. BOX 1764 PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2593681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIUDZINSKI, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 350 PONTE VEDRA BLVD. PONTE VEDRA FL 32082 City 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 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 FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition SIUDZINSKI, ROBERT M. NAME NAME 350 PONTE VEDRA BLVD STREET ADDRESS STREET ADDRESS PONTE VEDRA FL CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete----TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/F Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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.

CITY-ST-ZIP

FILED

Attachment 9,2002

Florida Department of State

**Division of Corporations** 

Tallahassee, Florida, 32302-1500

H652M5

Dear Sir

I am writing this letter as a follow up to our recent phone conversation and in accordance with your instructions.

As President of Skillshops Inc. I certify that Skillshops Inc. did not receive a prior notice of the filling. I am enclosing a check for \$150.00 as requested.

Thank you for your consideration in this matter.

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Sincerely,

Robert M Siudzinski, President, Skillshops Inc.

Box 1764

Ponte Vedra,

Florida, 32004

904 285 2742