

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90274 017 ***150.00

DOCUMENT # H65275

1. Entity Name
SKILLSHOPS INC.



Principal Place of Business

**350 PONTE VEDRA BLVD.
P.O. BOX 1764
PONTE VEDRA FL 32082**

Mailing Address

**350 PONTE VEDRA BLVD.
P.O. BOX 1764
PONTE VEDRA FL 32082**

2. Principal Place of Business

125 Glen Eagles CT
Suite, Apt. #, etc.

3. Mailing Address

125 Glen Eagles CT
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State PONTE Vedra FL		City & State PONTE Vedra FL		4. FEI Number 59-2593681	Applied For <input type="checkbox"/> Not Applicable
Zip 32082	Country U.S.A	Zip 32082	Country U.S.A	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIUDZINSKI, ROBERT M. 350 PONTE VEDRA BLVD. PONTE VEDRA FL 32082		Name SIUDZINSKI Robert M Street Address (P.O. Box Number is Not Acceptable) 125 Glen Eagles CT City PONTE Vedra FL Zip Code 32082	

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIUDZINSKI, ROBERT M. 350 PONTE VEDRA BLVD PONTE VEDRA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIUDZINSKI Robert M 125 GLEN EAGLES CT. PONTE Vedra FL 32082
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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: **ROBERT M. SIUDZINSKI** **4.19.03** **904 285 2742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)