

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87643

1. Entity Name
RINK PROPERTIES, INC.

Principal Place of Business
125 N RIDGEWOOD AVE
DAYTONA BEACH FL 32114-3258

Mailing Address
1275 LA COSTA VILLAGE BLVD
~~DAYTONA BEACH FL 32118~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Orange, FL 32129

Zip

Country

Zip
32129

Country

4. FEI Number 59-2616728

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

BECKS, BERRIEN, JR.
125 N RIDGEWOOD AVE
DAYTONA BEACH FL

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
SCHNEBLY, CONNIE
6026 SAWGRASS PT DR
PORT ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6026 Sawgrass Point Dr.
Port Orange, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
SCHNEBLY, JOHN JR
6022 SAWGRASS POINT DR
PORT ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHNEBLY, JOHN M SR
6026 SAWGRASS POINT DR
PORT ORANGE FL 32124

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNEBLY, MARK H
6026 SAWGRASS POINT DR
PORT ORANGE FL 32124

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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:

John M. Schnebly, Jr. President

1/4/02

(386) 767-3551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014563 AV

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90008 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)