FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #K02525

1. Entity Name
SKIDMORE'S SPORTS SUPPLY, INC.

90126074

Principal Place of Business	Mailing Address
% LARRY JOE SKIDMORE (circled: delete)	% LARRY JOE SKIDMORE (circled: delete)
999 E. HIGHWAY 44	999 E. HIGHWAY 44
CRYSTAL RIVER, FL 34429 US	CRYSTAL RIVER, FL 34429 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2880573 ☐ 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
SKIDMORE, LARRY JOE	Name
999 E. HWY. 44	Street Address (P.O. Box Number Is Not Acceptable)
CRYSTAL RIVER, FL 34429	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 ______________________ DATE

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SKIDMORE, LARRY JOE SR.		NAME		
STREET ADDRESS	715 NE 13 ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SKIDMORE, BETTY JEAN		NAME		
STREET ADDRESS	715 NE 13 ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Betty J Skidmore Betty J Skidmore 4-30-03 352 795 8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #