

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77042

1. Entity Name

SKILLMATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90300 044 ***158.75

Principal Place of Business

Mailing Address

1100 FLORIDA AVE
TAMPA FL 33602
US

P.O. BOX 172175
TAMPA FL 33672-0175
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1102 N. FLORIDA AVE

1102 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33602

33602

4. FEI Number 59-3160395

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

PORTER, WILLIAM
1100 FLORIDA AVE
TAMPA FL 33602

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PORTER, WILLIAM K	
STREET ADDRESS	1100 FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	MICHIE, KRISTOPHER	
STREET ADDRESS	1100 FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, R GALE	
STREET ADDRESS	1100 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 N. FLORIDA AVE.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 N. FLORIDA AVE.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

R. Gale Porter R. Gale Porter

Date

Daytime Phone #

1-11-00 813-225-1200

CR2E034 (9/99)