

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006301

1. Entity Name

SKYLARK SPORTS LLC

FILED

01 AUG 29 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4801 SOUTH ATLANTIC AVENUE, SUITE 503
PONCE INLET FL 32127

4801 SOUTH ATLANTIC AVENUE, SUITE 503
PONCE INLET FL 32127

2. Principal Place of Business

1605 South Atlantic Ave

3. Mailing Address

1605 South Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32169

Country

Volusia

Zip

32169

Country

Volusia

4. FEI Number

52-2257779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLE, JOSEPH DELLA
4601 SOUTH ATLANTIC AVENUE, SUITE 503
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

400004565804--0
-08/31/01--01049--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
STREET ADDRESS VALLE, JOSEPH DELLA
CITY-ST-ZIP 4601 S. ATLANTIC AVE.
PONCE INLET FL 32127

☒ Delete

10. ADDITIONS/CHANGES

TITLE NAME MANAGING Member
STREET ADDRESS Della Valle, Joseph
CITY-ST-ZIP 1605 South Atlantic Ave.
New Smyrna Beach, FL 32169

☒ Change ☐ Addition

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Signature of Managing Member* 8/20/01 (386) 409-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CH2E083 (5/01)

0001071

STAPLE CHECK HERE