

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019775

1. Entity Name

SKA HOLDINGS, LLC

Principal Place of Business

1802 E. BUSCH BLVD., P.O. BOX 8607
TAMPA FL 33674

Mailing Address

1802 E. BUSCH BLVD., P.O. BOX 8607
TAMPA FL 33674

2. Principal Place of Business

1802 E. Busch Blvd

3. Mailing Address

P.O. Box 8607

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33674

Country

USA

Zip

33674

Country

USA

4. FEI Number

59-3758032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA FL 33606

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP, CFO	Paul Kidwell	1802 E Busch Blvd.	Tampa, FL 33674	<input checked="" type="checkbox"/>
PRESIDENT	Ernest S Silcox, III	1802 E. Busch Blvd.	Tampa, FL 33674	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] REQUIRED

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

5-15-02

(813) 936-5090

Date

Daytime Phone #

5/2

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-27-2002 90406 007 ****50.00

93375



DO NOT WRITE IN THIS SPACE

CR2083 (9/01)