

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90040 043 ****50.00

DOCUMENT # L01000019775

1. Entity Name
SKA HOLDINGS, LLC



Principal Place of Business

**1802 E. BUSCH BLVD
TAMPA FL 33674**

Mailing Address

**P.O. BOX 8607
TAMPA FL 33674**

2. Principal Place of Business

1802 E. BUSCH Blvd.

3. Mailing Address

1802 E. BUSCH Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

USA

Zip

33612

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **V**
NAME **KIDWELL, PAUL**
STREET ADDRESS **1802 E BUSCH BLVD**
CITY-ST-ZIP **TAMPA FL 33674** ☐ Delete

TITLE **P**
NAME **SILCOX, ERNEST S III**
STREET ADDRESS **1802 E. BUSCH BLVD**
CITY-ST-ZIP **TAMPA FL 33674** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE **VP + CFO** ☒ Change ☐ Addition
NAME **Kidwell, Paul**
STREET ADDRESS **1802 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612-8664**

TITLE **P** ☒ Change ☐ Addition
NAME **Silcox, Ernest S. III**
STREET ADDRESS **1802 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612-8664**

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

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

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

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:

STANLEY W. FLORES

1-30-03 813-936-5090

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

Date

Daytime Phone #

CR2E083 (10/02)