

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90212 023 ****50.00

DOCUMENT # L02000020011

1. Entity Name
SKI-MORE ENTERPRISES, LLC



Principal Place of Business Mailing Address
856 EAST CAPE CORAL PARKWAY **856 EAST CAPE CORAL PARKWAY**
CAPE CORAL FL 33914 **CAPE CORAL FL 33914**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
68-0517858 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, LON C II
3131 S.E. 22D PLACE
CAPE CORAL FL 33914

Name **WAYNE A FITCH**
Street Address (P.O. Box Number is Not Acceptable)
2033 SE 21 LANE
City **CAPE CORAL** FL Zip Code **33990**

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 *Wayne A Fitch* **WAYNE A. FITCH** **1/14/03**
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM <input type="checkbox"/> Delete
NAME	WAYNE A. FITCH TRUST DATED OCT. 23, 2001
STREET ADDRESS	856 EAST CAPE CORAL PARKWAY
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	MGRM <input type="checkbox"/> Delete
NAME	LON C. ELLIOTT, II, AS TRUSTEE OF DEC OF TR
STREET ADDRESS	856 EAST CAPE CORAL PARKWAY
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	MGRM <input type="checkbox"/> Delete
NAME	DONALD L. VAHUE FAMILY TRUST
STREET ADDRESS	856 EAST CAPE CORAL PARKWAY
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TEUFEL, THOMAS
STREET ADDRESS	856 EAST CAPE CORAL PARKWAY
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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: *Wayne A Fitch* **WAYNE A. FITCH** **1/14/03** **239-994-0664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (10/02)