

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

02-01-2002 90045 019 ****70.00

DOCUMENT # N01000005637

1. Entity Name

SOCIAL SKILLS, INC.

Principal Place of Business 650 GOLDEN GATE POINT #601 SARASOTA FL 34236	Mailing Address 650 GOLDEN GATE POINT #601 SARASOTA FL 34236
--	--

- 17646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2257 Suite, Apt. #, etc.
City & State	SARASOTA, FLORIDA

4. FEI Number 65-113 4682	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip 34230	Country	Zip 34230	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---------------------	---------	---------------------	---------	--

6. Name and Address of Current Registered Agent NILBRINK, ULLA 650 GOLDEN GATE POINT #601 SARASOTA FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	EXECUTIVE DIRECTOR LARS NILBRINK 650 GOLDEN GATE POINT #601 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DIRECTOR ULLA NILBRINK 650 GOLDEN GATE POINT #601 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DIRECTOR JOHN E. WOODWARD 761 JOHN RINGLING BLVD. A-31 SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

RE: LARS NILBRINK

01-16-02 941 948-0491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE037 (9/01)