

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91349 002 \*\*\*\*61.25

**DOCUMENT # N02000004707**

**1. Entity Name**  
**OPERATION SKATE, INC.**



**Principal Place of Business**  
**2057 S. FLETCHER AVENUE**  
**FERNANDINA BEACH FL 32034**

**Mailing Address**  
**2057 S. FLETCHER AVENUE**  
**FERNANDINA BEACH FL 32034**

**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**

22-3871346

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LYNCH, KIM L**  
**2057 S. FLETCHER AVENUE**  
**FERNANDINA BEACH FL 32034**

**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)

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** LYNCH, KIM L  
**STREET ADDRESS** 2057 S. FLETCHER AVENUE  
**CITY-ST-ZIP** FERNANDINA BEACH FL 32034

**TITLE** STD ☐ Delete  
**NAME** HOLLIDAY, ELIZA  
**STREET ADDRESS** 129 S. 17TH STREET  
**CITY-ST-ZIP** FERNANDINA BEACH FL 32034

**TITLE** VD ☐ Delete  
**NAME** STRATIS, TAMMY  
**STREET ADDRESS** 77 ST. MARK TRAIL  
**CITY-ST-ZIP** YULEE FL 32097

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

**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:**

*SCOTT E. FARRAR*

4-25-03

904-261-4011

CR2E037 (10/02)