

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

DOCUMENT # N02000005395

1. Entity Name

SKATE SHOOT SAVE INC.



03 OCT -9 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

650 GENEVA PL
TAMPA FL 33606

Mailing Address

650 GENEVA PL
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03/03/03 90431047 \$61.25

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0022535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARDO, JOSEPH J
650 GENEVA PL
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)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	P.D.	<input type="checkbox"/> Delete
NAME	TUCKER, JOHN G	
STREET ADDRESS	18804 AVENUE MONACO	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	V.D.	<input type="checkbox"/> Delete
NAME	LEONARDO, JOSEPH J	
STREET ADDRESS	650 GENEVA PL	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V.D.	<input type="checkbox"/> Delete
NAME	PREUSCH, BARRY	
STREET ADDRESS	5015 WESLEY DR.	
CITY-ST-ZIP	TAMPA FL 33306	
TITLE	V.D.	<input type="checkbox"/> Delete
NAME	QUESSSENBERRY, MARTIN	
STREET ADDRESS	401 CHANNELSIDE DR.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V.D.	<input type="checkbox"/> Delete
NAME	SCHMITZ, KARL M	
STREET ADDRESS	12000 DALE MABRY HWY. N. SUITE 264	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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:

[Signature] **UBR REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03

Date

Daytime Phone #

CR2E037 (4/03)