

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000002192**

1. Entity Name

**FRIENDS OF SKATING, T.S.I., INC.****FILED****Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90199 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**5309 29TH ST EAST  
ELLENTON FL 34222  
US****4213 CHARING CROSS RD  
SARASOTA FL 34241  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0580211**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAIGE, CARRIE  
4213 CHARING CROSS RD  
SARASOTA FL 34241**

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

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAIGE, CARRIE	
STREET ADDRESS	4213 CHARING CROSS RD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPINALE, LINDA	
STREET ADDRESS	8773 MIDNIGHT PASS RD #5036	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIENKS, BEVERLY	
STREET ADDRESS	1921 NEPTUNE DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUR, MARIANN	
STREET ADDRESS	910 S DORAL LN	
CITY-ST-ZIP	VENICE FL 34293	
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
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)