5

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State
05-16-2001 90413 007 ****61.25

DOCUMENT # N97000005769

1. Entity Name

CHARLOTTE SKATEPARK, INC.

Principal Place of Business	Mailing Address
2315 AARON ST. PT. CHARLOTTE FL 33952	P O BOX 512551 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

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 65-0789593 ☐ Applied For ☐ Not Applicable

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
CARR, DAROL H 2315 AARON ST. PT. CHARLOTTE FL 33952	Name: Rexford R. Koch, CPA Street Address (P.O. Box Number is Not Acceptable): 252 W. Olympia Ave. City: Punta Gorda **FL** Zip Code: 33950

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 _____ 4/30/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARR, DAROL H 2315 AARON ST. PT. CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D Jones, Norma 7441 South Blue Sage Punta Gorda, FL 33955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGOIRE, KENYON 3284 TRIPOLI BLVD. PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,V Gregoire, Kenyon 3284 Tripoli Blvd Punta Gorda, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARILYN 654 ANDROS CT PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D Smith, Marilyn 654 Andros Ct. Punta Gorda, FL 33950	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, RANDALL F 2211 BERMUDA ST. PT. CHARLOTTE FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Harrington, Deborah 315 W. Grace St. Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCK, REX 252 WEST OLYMPIA AVE PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Koch, Rex 252 W. Olympia Ave. Punta Gorda, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ 4/23/01 941-637-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #