

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005769

1. Entity Name

CHARLOTTE SKATEPARK, INC.

Principal Place of Business

2315 AARON ST.
PT. CHARLOTTE FL 33952

Mailing Address

P O BOX 512551
PUNTA GORDA FL 33951

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 Marilyn P. Smith

Street Address (P.O. Box Number is Not Acceptable)

654 Andros Ct.

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

Marilyn P. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

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 SD ☒ Delete
NAME JONES, NORMA
STREET ADDRESS 7441 SOUTH BLUE SAGE
CITY-ST-ZIP PUNTA GORDA FL 33955

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

TITLE DV ☐ Delete
NAME GREGOIRE, KENYON
STREET ADDRESS 3284 TRIPOLI BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE PD ☐ Delete
NAME SMITH, MARILYN
STREET ADDRESS 654 ANDROS CT
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE D ☐ Delete
NAME DUNN, RANDALL F
STREET ADDRESS 2211 BERMUDA ST.
CITY-ST-ZIP PT. CHARLOTTE FL 33980

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

TITLE T ☐ Delete
NAME KOCK, REX
STREET ADDRESS 252 WEST OLYMPIA AVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME Koch, Rexford
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARRINGTON, DEBORAH
STREET ADDRESS 315 W GRACE ST
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME S
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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E037 (9/01)