

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90311 047 ****61.25

0086003

DOCUMENT # N99000007570

1. Entity Name

SKATEBOARDING ASSOCIATION OF AMERICA, INC.



Principal Place of Business

**6140 ULMERTON RD.
CLEARWATER FL 33760**

Mailing Address

**6140 ULMERTON RD.
CLEARWATER FL 33760**

2. Principal Place of Business

8300 Ulmerton Rd.

3. Mailing Address

8300 ULMERTON

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

Largo FL 33771

City & State

Largo FL

Zip

33771

Country

USA

Zip

33771

Country

USA

4. FEI Number **59-3616088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TURNER, JAY
6140 ULMERTON RD.
CLEARWATER FL 33760**

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

Jay Turner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEES \$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 **TURNER, JAY B.**
STREET ADDRESS **6140 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **DD** ☐ Delete
NAME **TURNER, LEONA**
STREET ADDRESS **6140 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **DD** ☐ Delete
NAME **TURNER, REBECCA**
STREET ADDRESS **6140 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER FL 33760**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4/23/04 (727) 535-0300

CR2E037 (10/02)