**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am & Secretary of State P00000017711 **DOCUMENT #** 1. Entity Name MR. D'S SKIS, INC. 05-14-2002 90028 029 \*\*\*150.00 Principal Place of Business Mailing Address 4365 OKEECHOBEE BLVD 4365 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 3954 Byron Drive 16086 E Calder Dr Suite, Apt. #, etc. =SuiterApt-#retc? DO NOT WRITE IN THIS SPACE City & State Bch oxahutchee City & State 4. FEI Number Applied For 65-0986145 iveria Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Palm Bah Palm Bon Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOFIL & NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) **3284 N STATE RD 7** LAUDERDALE LAKES FL 33319 City 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's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ≈Taxifiling:requirement and elects to do so: After May 1, 2002 Fee will be \$550.00 --Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD (9/01)TITLE ☐ Delete TITLE Change ☐ Addition DIGGENS, WILLIAM JOHN JR NAME NAME 4365 OKEECHOBEE BLVD STREET ADDRESS CR2E034 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition DIGGENS, HEATHER L NAME NAME STREET ADDRESS 4365 OKEECHOBEE BLVD STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Delete TITLE Addition\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.