


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/2

04-28-2003 91358 044 ***150.00

DOCUMENT # P00000029416	
1. Entity Name SKRAPE, INC.	

Principal Place of Business P.O. BOX 1548 MT. DORA FL 32768 632 Stetson St Orlando, FL 32804	Mailing Address P.O. BOX 1548 MT. DORA FL 32768 632 Stetson St Orlando, FL 32804
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55042126



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent MASSARONI, DARREL R 24835 LAKE SENECA RD. EUSTIS FL 32738	7. Name and Address of New Registered Agent Name: Ted Wettstein Street Address (P.O. Box Number is Not Acceptable): 632 Stetson Street City: Orlando FL Zip Code: 32804
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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: [Signature] DATE: 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP NAME: KEETON, WILLIAM STREET ADDRESS: 4726 HOLLYBERRY DR. CITY-ST-ZIP: ORLANDO FL 32812	Vice President <input type="checkbox"/> Delete	TITLE: VP NAME: Keeton, William STREET ADDRESS: 10700 Springbrook Lane CITY-ST-ZIP: Orlando, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: Hunt, William STREET ADDRESS: 1413 Warwick Place CITY-ST-ZIP: Orlando, FL	<input type="checkbox"/> Delete	TITLE: President NAME: Hunt, William STREET ADDRESS: 1413 Warwick Pl CITY-ST-ZIP: Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secy, Treas NAME: Sison, Pedro STREET ADDRESS: 3818 Kinsley Place CITY-ST-ZIP: Winter Park, FL 32792	<input type="checkbox"/> Delete	TITLE: Secy, Treas NAME: Pedro Sison STREET ADDRESS: 3818 Kinsley Pl. CITY-ST-ZIP: Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input checked="" type="checkbox"/> Delete NAME: Michael Lynchard STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input checked="" type="checkbox"/> Delete NAME: Michael Lynchard STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input checked="" type="checkbox"/> Delete NAME: Brian Milner STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input checked="" type="checkbox"/> Delete NAME: Brian Milner STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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] DATE: 4/22/03
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/02)