

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000039674

FILED
Sep 12, 2002
Secretary of State

Entity Name: MAD PADDLERS KAYAK CENTER INC.

Current Principal Place of Business:

8802 ROCKY CREEK DR
#109
TAMPA, FL 336154315

New Principal Place of Business:

Current Mailing Address:

8802 ROCKY CREEK DR
#109
TAMPA, FL 336154315

New Mailing Address:

FEI Number: 59-3636813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEIS, TRACI
294 KENTUCKY AVENUE
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

THEIS, TRACI
751 HOUSE WREN CIRCLE
PALM HARBOR, FL 34683 US

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: TRACI THEIS

09/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: THEIS, TRACI
Address: 294 KENTUCKY AVENUE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: V () Delete
Name: SUGAR, KEVIN
Address: 2490 TRADEWINDS DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: T (X) Delete
Name: SHONTZ, ANITA
Address: 1678 ALGOWQUIN DR.
City-St-Zip: CLEARWATER, FL 33755

Title: V () Delete
Name: THEIS, JASON
Address: 619 SKYVIEW AVE
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: CUMM, CHRIS
Address: 1216 PENNY CT.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: THEIS, TRACI
Address: 751 HOUSE WREN CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: THEIS, JASON
Address: 6304 BONAIRE AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI THEIS

PS

09/12/2002

Electronic Signature of Signing Officer or Director

Date