

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 047 ***150.00

0559897 AV

DOCUMENT # P00000057093

1. Entity Name
ESCALADE TECHNOLOGIES, INC.



Principal Place of Business
**2714 HOPE ST
SARASOTA FL 34231**

Mailing Address
**2714 HOPE ST
SARASOTA FL 34231**

0004433



2. Principal Place of Business
102 Cavallini Dr

3. Mailing Address
102 Cavallini Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Nokomis FL

City & State
Nokomis FL

4. FEI Number
65-1028204

Applied For
 Not Applicable

Zip
34275

Country

Zip
34275

Country

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

**FALINE, KIMBERLEY K
2714 HOPE ST
SARASOTA FL 34231**

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

Kimberley K Faline

4/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D FALINE, MICHAEL A**
STREET ADDRESS **2714 HOPE ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE Change Addition
NAME **D FALINE, MICHAEL A**
STREET ADDRESS **102 CAVALLINI DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Delete
NAME **D FALINE, KIMBERLEY K**
STREET ADDRESS **2714 HOPE ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE Change Addition
NAME **D FALINE, KIMBERLEY K**
STREET ADDRESS **102 CAVALLINI DR.**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Kimberley K Faline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

941-350-9126

Daytime Phone #

CR2E034 (10/02)