

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091257

1. Entity Name

SKATE INVESTMENTS, INC.

Principal Place of Business

189 EL CAPITAN DRIVE
ISLAMORADA FL 33036

Mailing Address

189 EL CAPITAN DRIVE
ISLAMORADA FL 33036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TOMLINSON, JOHN L
500 NW 62ND STREET SUITE 455
FORT LAUDERDALE FL 33309

4. FEI Number

65-1045406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME ~~DV~~
STREET ADDRESS TOMLINSON, JOHN L
CITY-ST-ZIP 500 NW 62ND STREET STE 455
FORT LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS DEBRA M. BOILEAU
CITY-ST-ZIP 189 EL CAPITAN DRIVE
ISLAMORADA, FL 33036

TITLE ☒ Change ☐ Addition
NAME DVT
STREET ADDRESS RICHARD H. BOILEAU
CITY-ST-ZIP 189 EL CAPITAN DRIVE
ISLAMORADA, FL 33036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Debra M. Boileau, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBRA M. BOILEAU, PRESIDENT

1/8/2001
Date

(305) 517-2721
Daytime Phone #

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90031 031 ***150.00

C0005570



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)