

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098773

1. Entity Name
ALL SEASON SKIING, INC.

Principal Place of Business
4015 30TH AVE N
ST PETERSBURG FL 33713

Mailing Address
4015 30TH AVE N
ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

ALAN S CHRISTNER, JR. P.A.
350 GULF BLVD
INDIAN ROCKS BEACH FL 33785

Name WILLIAM BRICKEY

Street Address (P.O. Box Number is Not Acceptable)

4701 HAINES RD

City ST. Petersburg

FL

Zip Code 33714

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 WILLIAM BRICKEY owner William Brickey 8-27-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME WILLIAM BRICKEY ☐ Delete
STREET ADDRESS 4015 30th Ave N
CITY-ST-ZIP ST PETERSBURG FL 33713

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: WILLIAM BRICKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01
Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90009 024 ***550.00

C0075877



DO NOT WRITE IN THIS SPACE

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CR02034 (5/01)