

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90051 020 \*\*\*150.00

**DOCUMENT # P01000015105**

**1. Entity Name**  
**SKY WALKER PERFORMANCE JET SKI INC.**

**Principal Place of Business**

**413 MISSISSIPPI AVENUE**  
**PALM HARBOR FL 34683**

**Mailing Address**

**413 MISSISSIPPI AVENUE**  
**PALM HARBOR FL 34683**

**2. Principal Place of Business**

**413 MISSISSIPPI AVE.**

Suite, Apt. #, etc.

**3. Mailing Address**

**413 MISSISSIPPI AVE**

Suite, Apt. #, etc.

**City & State**

**PALM HARBOR, FL.**

**Zip**

**34683**

**Country**

**PENELLAS**

**City & State**

**PALM HARBOR, FL.**

**Zip**

**34683**

**Country**

**PENELLAS**

**4. FEI Number**

**59-3703179**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHAFFIN, LUCAS**

**413 MISSISSIPPI AVENUE**

**PALM HARBOR FL 34683**

**7. Name and Address of New Registered Agent**

**Name**

**LUCAS CHAFFIN**

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

**413 MISSISSIPPI AVE**

**City**

**PALM HARBOR**

**FL**

**Zip Code**

**34683**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/23/02**

**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, 2002 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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>CHAFFIN, LUCAS</b>
<b>STREET ADDRESS</b>	<b>413 MISSISSIPPI AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>PALM HARBOR, FL 34683</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** **LUCAS CHAFFIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**4/23/02**

**Daytime Phone #**

**(424) 786-1641**

CR2E034 (9/01)