FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State P01000026883 DOCUMENT # 1. Entity Name 07-16-2002 90356 002 ***150.00 OLD SKOOL SKATES INC. Principal Place of Business Mailing Address P.O. BOX 373135 P.O. BOX 373135 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Nymber 2705536 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHIEMAN, JEFFERY Street Address (P.O. Box Number is Not Acceptable) 209 TERRY ST. INDIAN HARBOR BEACH FL 32937 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete TITLE CR2E034 (4/02) ☐ Change ☐ Addition NAME SCHIEMAN, JEFFERY NAME STREET ADDRESS 209 TERRY ST. STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MULLER, SCOTT NAME STREET ADDRESS 1701 PINE VALLEY DR. STREET ADDRESS CITY-ST-7/P **MELBOURNE FL 32935** CITY-ST-ZIP → 🗀 Delete - 😁 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #

July 13, 2002

To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

From: Old Skool Skates Inc. P.O. Box 373135 Satellite Beach, FL 32937

To whom it may concern,

We recently received our 2002 Uniform Business Report. We were surprised at the cost of \$550. We immediately contacted our accountant and he informed us that we should have received this information in January. We did not. He suggested that we contact your office.

On Friday the 12th I called and spoke with one of your employees and she directed me to fill out the form, write this letter and send in a check in the amount of \$150. As this was our first year in business we had no idea that this was due and did not know that it was supposed to be done. I can assure you that we will be on the lookout for this next year and not make this error again.

Hadrments. # POIDOOODES83 120848

Thank you for your attention to this matter and for your understanding.

Sincerely,

Scott D. Muller VP Old Skool Skates Inc.