FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90042 003 ***150.00

DOCUMENT # P01000101611

1. Entity Name
HERNANDO SKATING & ENTERTAINMENT CENTER II, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10451 COUNTY LINE RD	10451 COUNTY LINE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL	City & State: SPRING HILL FL
Zip: 34609 Country: HERNANDO	Zip: 34609 Country: HERNANDO

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2352447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KRAFT, TONYA

Street Address (P.O. Box Number is Not Acceptable): 10451 COUNTY LINE RD

City: SPRING HILL **FL** Zip Code: 34609

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 Beetz x 3/6/02
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	D/P
NAME	BEETZ, WILLIAM G
STREET ADDRESS	10451 COUNTY LINE RD
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	D/VP/S
NAME	KRAFT, JEFFREY
STREET ADDRESS	10451 COUNTY LINE RD
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	ASST S
NAME	KRAFT, TONYA
STREET ADDRESS	10451 COUNTY LINE RD
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	T
NAME	BEETZ, MICHELLE
STREET ADDRESS	10451 COUNTY LINE RD
CITY-ST-ZIP	SPRING HILL FL 34609
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: William Beetz x 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #