

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90285 017 ***150.00

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DOCUMENT # P02000055932

1. Entity Name
SOUTHERN SKATE PARKS, INC.



Principal Place of Business
301 W. MALLORY STREET
PENSACOLA FL 32501

Mailing Address
301 W. MALLORY STREET
PENSACOLA FL 32501

2. Principal Place of Business
3200 N. PALAFOX ST.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
68-0507644

Applied For
Not Applicable

Zip **32501** **Country** **USA**

Zip **32501** **Country** **USA**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYNARD, ROBERT L JR.
301 W. MALLORY STREET
PENSACOLA FL 32501

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **O'SULLIVAN, BRIAN P JR.**
STREET ADDRESS **3 BRIDLE PATH DR.**
CITY-ST-ZIP **OLD WESTBURY NY 11568**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **O'SULLIVAN, BRIAN P. JR.**
STREET ADDRESS **4965 CASTAYLS RD.**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☐ **Delete**
NAME **MAYNARD, ROBERT L JR.**
STREET ADDRESS **301 W. MALLORY STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **MAYNARD, JR.** **4/23/03** **850-434-6441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)