

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90138 036 ***150.00

DOCUMENT # P02000085841

1. Entity Name
SKIPPER'S WHOLESALE, INC.



Principal Place of Business
7318 SAWGRASS POINT DRIVE
PINELLAS PARK FL 33782

Mailing Address
7318 SAWGRASS POINT DRIVE
PINELLAS PARK FL 33782

2. Principal Place of Business
12253-B 62nd Street N.

3. Mailing Address
12253-B 62nd Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number
47-0882203

Applied For
Not Applicable

Zip
33773

Country
US

Zip
33773

Country
US

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

KATTMANN, PAUL T
7318 SAWGRASS POINT DRIVE
PINELLAS PARK FL 33782

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KATTMANN, PAUL T**
STREET ADDRESS **7318 SAWGRASS POINT DRIVE**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **VP** ☐ Delete
NAME **KATTMANN, JULIE K**
STREET ADDRESS **7318 SAWGRASS POINT DRIVE**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul T. Kattmann

2/26/03

727-563-9406

Date

Daytime Phone #

CR2E034 (10/02)