

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

001381 AV

DOCUMENT # P02000091987

1. Entity Name
METRO SKATE PARK, INC.



03-11-2003 90147 005 ***150.00
09-11-2003 90094 001 ***550.00

Principal Place of Business
2921 ORLANDO DRIVE
150
SANFORD FL 32773

Mailing Address
2921 ORLANDO DRIVE
150
SANFORD FL 32773



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0744981 Applied For Not Applicable

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

HACKERT, THOMAS J
2251 CELERY AVE.
SANFORD FL 32773

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 *Thomas J. Hackert*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.7.03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME ONDREK, SIMON
STREET ADDRESS 97 GRISSOM WAY
CITY-ST-ZIP HAUPPAGE NY 11788 ☐ Delete

TITLE
NAME ONDREK, Simon ☒ Change ☐ Addition
STREET ADDRESS 10202 Plantation Lakes Circle
CITY-ST-ZIP Sanford FL 32771

TITLE VP
NAME PETERSON, BRETT
STREET ADDRESS 97 GRISSOM WAY
CITY-ST-ZIP HAUPPAGE NY 11788 ☐ Delete

TITLE
NAME PETERSON, BRETT ☒ Change ☐ Addition
STREET ADDRESS 10202 Plantation Lakes Circle
CITY-ST-ZIP Sanford FL 32771

TITLE S
NAME HACKERT, THOMAS J
STREET ADDRESS 149-48 19TH AVE.
CITY-ST-ZIP WHITESTONE NY 11357 ☐ Delete

TITLE
NAME HACKERT THOMAS ☐ Change ☐ Addition
STREET ADDRESS 149-48 19TH AVE No change
CITY-ST-ZIP WHITESTONE NY 11357

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Thomas J. Hackert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.7.03 407.324.2027

Date

Daytime Phone #

CR2E034 (4/03)