

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90068 006 ***150.00

DOCUMENT # P02000134493

1. Entity Name
SKLE SPORTS, INC.



Principal Place of Business

**440 NW PEACOCK
PORT ST. LUCIE FL 34986**

Mailing Address

**440 NW PEACOCK
PORT ST. LUCIE FL 34986**

2. Principal Place of Business

SKLE SPORTS INC

3. Mailing Address

PO BOX 881659

Suite, Apt. #, etc.

440 NW PEACOCK

Suite, Apt. #, etc.

PORT ST LUCIE

City & State

PORT ST LUCIE

City & State

PORT ST LUCIE

Zip

34986

Country

USA

Zip

34988-1659

Country

USA

4. FEJ Number

22-3893844

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEINTZ, CAROL
474 SE WALTERS TERR.
PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

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

CAROL HEINTZ SECRETARY

2/15/03

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

TITLE **PD** ☐ Delete
NAME **SMALLACOMBE, LEONARD**
STREET ADDRESS **886 ARUBA BAY**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **VD** ☐ Delete
NAME **SCHAEFFER, FRANK**
STREET ADDRESS **672 NE HORIZON LANE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **SD** ☐ Delete
NAME **HEINTZ, CAROL**
STREET ADDRESS **474 SE WALTERS TERR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **TD** ☐ Delete
NAME **DIETZ, TRINI**
STREET ADDRESS **1226A NW BENTLEY CIR.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **SMALLACOMBE, LEONARD**
STREET ADDRESS **776 SW ARUBA BAY**
CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Leonard Smallacombe

LEONARD SMALLACOMBE

PRESIDENT

2-10-03

3439067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)