

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90017 036 ***158.75

DOCUMENT # P95000009699

1. Entity Name
SKI BOAT SOLUTIONS, INC.

Principal Place of Business
2023 E SILVER SPRINGS BLVD
SUITE 201
OCALA FL 34470

Mailing Address
107 NE 1ST AVENUE
OCALA FL 34470
US

2. Principal Place of Business
2445 SW COLLEGE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

4. FEI Number
59-3295688

Applied For
 Not Applicable

Zip
34474

Country

Zip

Country

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

NICHOLS, WILLIAM P JR.
2023 E SILVER SPRINGS BLVD
SUITE 201
OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

2445 SW COLLEGE RD

City
OCALA

FL

Zip Code
34474

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
NICHOLS, WILLIAM P JR.
2023 E SILVER SPRINGS BLVD SUITE 201
OCALA FL 34470

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition
2445 SW COLLEGE RD
OCALA FL 34474

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 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

WILLIAM P. NICHOLS 1/28/02 (352)867-0959

Date

Daytime Phone #

CR2E034 (9/01)