

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035452

1. Entity Name

SKEET'R BEAT'R OF SOUTHWEST FLORIDA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90020 048 ***150.00

Principal Place of Business

Mailing Address

615 CAPE CORAL PKWY W
UNIT 204
CAPE CORAL FL 33914
US

PO BOX 1295
CAPE CORAL FL 33910-1200
US

2. Principal Place of Business

2026 SW 13TH Ave
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 101295
Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33991

Country

Lee

Zip

33910

Country

4. FEI Number

65-0579858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNNING, DONALD K
2126 S.W. 13TH AVENUE
CAPE CORAL FL 33991

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.

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, 2000 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

TITLE D ☐ Delete
NAME GUNNING, DONALD
STREET ADDRESS 2126 S.W. 13TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE D ☒ Delete
NAME JABLONSKI, JOSEPH A JR.
STREET ADDRESS 3218 S.W. 6TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Date

Daytime Phone #

4/30/00 941573-8400

CR21004-1/1/00