2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000097651

1. Entity Name A SKI COMPANY



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90092 009 ***150.00

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| Principal Place | | S | | g Address | | | | | | | | |
| 5220 E. COLONIAL DRIVE | | | | 27 RIVERSIDE DRIVE | | | | | | | | |
| ORLANDO FL 3 | 3280/ | | | SARANAC LAKE NY 12983 | | | | | | | 11661 1861 1882 | |
| US . | | | | US | | | | | | | | |
| A D :: | la a a d Danaia | | 0.44= | 3. Mailing Address | | | | | | | IALET TOOL TEEL | |
| 2. Principal Pi | lace of Busin | iess | J. IVIAI | 3. Iviaining Address | | | | | | | | |
| Suite, Apt. | # etc | | Suite | Suite, Apt. #, etc. | | | | | | | | |
| Catto, Apt. | # ₁ 010. | | | Jan., 4 | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | | City & State | | | 4. | FEI Number 59-3435067 | | Ap | plied For | |
| | | | | | | | | | | No | ot Applicable | |
| Zip | Country | | Zip | Zip | | | 5. | Certificate of Status Desired | | 8.75 Add | | |
| | | | | | | | ree Required | | | | | |
| | 6. Name | and Address of Curre | ent Registere | egistered Agent Name | | | | 7. Name and Address of New Registered Agent | | | | |
| FOGARTY, TERENCE | | | | Name For | | | 90 | gatty Telence J2 3/3/03 | | | | |
| 5220 E. COLONIAL DR | | | | Street A | | | ess P.O. Box Number is Not Acceptable) JJ 3/3//23 | | | | | |
| | Ti | ~·., | . | · - · | - | /** / * | -3.74 DT | | | | | |
| ORLANDO | FL 32807 | | | | | | | | | | | |
| | | | | - | C | City | | | FL | Zip Cod | е | |
| 8 The election | | | | and of abanding its | raciatorad | ffice or regi | atorad a | and or both in the State of Ele | . <u> </u> | miliar with | and accept | |
| 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. | | | | | | | | | | | | |
| and doligations of regions out agents. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
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| | | !! FEE IS \$150.00 | | | | | | 9. Election Campaign Fin | ancing | \$5.0 | 0 May Be | |
| | | 03 Fee will be \$550. | | | | | | Trust Fund Contribution | n. 🗆 | | to Fees | |
| Make Check Payable to Florida Department of State | | | | | | | | | OFFIC AND I | IDECTOR | C INI 11 | |
| 10. | D | OFFICERS A | ND DIRECTO | Delete | 11. | |) | Part. | | - Con | Addition | |
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| | FOGARTY, | TERENCE | | CE DOIGIG | NAME | | | | | | | |
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| | Nortific that the | o information associated | with this files | door not qualify for | | <u>, </u> | n Contine | 119 07/3Vi) Florida Statutas | further certif | v that the i | nformation | |

2. 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 P