

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P97000048570

1. Entity Name

HOTWHEELS SKATING CENTER



FILED

11 MAY 25 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

383 COLEMAN ST.

3. Mailing Address

383 COLEMAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

4. FEI Number

59-3452756

Applied For

Not Applicable

Zip

32536

Country

U.S.A.

Zip

32536

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name YE SUN RICHTER

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

383 COLEMAN ST

City CRESTVIEW

FL

Zip Code

32536

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

srlacmb@yahoo
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P = YE SUN RICHTER
383 COLEMAN ST
CRESTVIEW FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V = SEAN RICHTER
383 COLEMAN ST
CRESTVIEW FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

MAY 16, 11 682-6699