

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030891

1. Entity Name

APOCALYPSE SKATEBOARD, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90972 026 ***150.00

Principal Place of Business

Mailing Address

5900 S. TAMiami TR.
 SUITE P
 SARASOTA FL 34231

5900 S. TAMiami TR.
 SUITE P
 SARASOTA FL 34231-3952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5900 S. Tamiami Trail

5900 S. Tamiami Trail

Suite, Apt. #, etc

Suite, Apt. #, etc

Suite P

Suite P

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Zip

Country

Country

34231

34231

USA

USA

4. FEI Number

65-0830383

Applied For

Not Applicable

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

ALVIS, KAZIMIR K
 5900 S. TAMiami TRAIL
 SARASOTA FL 34231

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVIS, KAZIMIR K	
STREET ADDRESS	5900 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURCO, NICOLE	
STREET ADDRESS	5900 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Nicole Turco

Nicole Turco

4-29-00 941923-5081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)