2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900007329 **DOCUMENT #**



1. Entity Nam SK8N4U,		RATION						03-24-2003 9	0192 035	***150.	00	
Principal Place of Business 7453 NW 70TH AVENUE PARKLAND FL 33066			7453	Mailing Address 7453 NW 70TH AVENUE PARKLAND FL 33066								
2. Principal Place of Business 3. Ma				iling Address]	60 511			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number 65-0901748			plied For t Applicable	
Zip	Country				try		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name						
Landon, Barbara J 7453 NW 70TH Avenue				Street Address (P.C			ess (P.O. E	Box Number is Not Acceptable)				
PARKLAND FL 33066												
				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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina Trust Fund Contribution.			0 May Be to Fees	
10.		OFFICERS	AND DIRECTO	RS	11.		Αſ	DDITIONS/CHANGES TO OFFIC	CERS AND D	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7453 NW	BARBARA J 70TH AVENUE D FL 33066		☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TATINLAN	712 33000		☐ Delete	TITUS NAM STRE	=			С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			-		[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition	

12. 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:

MARCH 17, 2003

954-344-5367