

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90065 031 \*\*\*150.00

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 AV

**DOCUMENT # P99000018283**

1. Entity Name

**FU MAN SKEETO, INC.**

Principal Place of Business

**8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

Mailing Address

**8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

2. Principal Place of Business

**145 South Fairfax Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 401**

City & State

**Los Angeles, CA**

City & State

4. FEI Number

**59-3565052**

Applied For

Not Applicable

Zip

**90036**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BEAL, ANDREW**

**7109-429 YACHT BASIN AVENUE  
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name  
**BEAL, ANDREW**

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

**4216 WINDERLAKE AVE**

City  
**ORLANDO**

**FL**

Zip Code  
**32835**

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, 2002 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

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCEO  
 RAABE, DANIELLE  
 8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCFO  
 KIRKPATRICK, CHRISTOPHER A  
 8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 KIRKPATRICK, CHRISTOPHER A  
 8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 RAABE, DANIELLE  
 8171 LAKE SERENE DRIVE  
 ORLANDO FL 32836**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ 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 reports 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)