

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000033934****1. Entity Name**

PALM BAY SKATEWAY OF SOUTH BREVARD, INC.

Principal Place of Business

302 W OSCEOLA LANE

COCOA BEACH
32931

FL

Mailing Address

302 W OSCEOLA LANE

COCOA BEACH
32931

FL

2. Principal Place of Business

125 EAST DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE

FL

City & State

MELBOURNE

FL

4. FEI Number☒ Applied For
☐ Not ApplicableZip
32904

Country

Zip

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY

1201 HAYS ST

TALLAHASSEE

32301

US

FL

7. Name and Address of New Registered Agent**Name**

WALLIS MICHAEL MESQ

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

1221 EAST NEW HAVEN AVE

City

MELBOURNE

FL**Zip Code**
32302**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 MICHAEL M. M. WALLIS****01/11/2000**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VISLOCKY DANIEL	302 W OSCEOLA LANE	COCOA BEACH FL 32931	

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PVST	VISLOCKY DANIEL	302 W OSCEOLA LANE	COCOA BEACH FL 32931	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:** Daniel Vislocky

PVST

01/11/2000