

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90329 043 \*\*\*150.00

DOCUMENT # P99000101407

1. Entity Name  
JOKER SKATE SHOP, INC.

Principal Place of Business

913 SW 6TH AVE.  
CAPE CORAL FL 33991

Mailing Address

913 SW 6TH AVE.  
CAPE CORAL FL 33991

2. Principal Place of Business

836 SE. 47th st

3. Mailing Address

836 SE. 47th st

Suite/Apt. #, etc.

#2

Suite/Apt. #, etc.

#2

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number 65-0961248

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FIDEL  
5411 S.W. 17TH AVENUE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name RODRIGUEZ FIDEL

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

836 SE. 47th st suite #2

City

CAPE CORAL

FL

Zip Code

33904

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 Fidel Rodriguez

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FIDEL	
STREET ADDRESS	5411 S.W. 17TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ILIANA	
STREET ADDRESS	5411 S.W. 17TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID	
STREET ADDRESS	5411 S.W. 17TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL	
STREET ADDRESS	5411 S.W. 17TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ FIDEL	
STREET ADDRESS	836 SE. 47th st suite #2	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	RODRIGUEZ, ILIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	836 SE. 47th st suite #2	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE	RODRIGUEZ, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	836 SE. 47th st suite #2	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE	RODRIGUEZ, DANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	836 SE. 47th st suite #2	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

941-242-6674

Daytime Phone #

CR2E034 (10/00)