

2001 UNIFORM BUSINESS REPORT (UBR)

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

#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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FIDEL		NAME	RODRIGUEZ, FIDEL	
STREET ADDRESS	5411 S.W. 17TH AVENUE		STREET ADDRESS	836 SE. 47 th st	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Rodriguez, ILLIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ILLIANA		NAME	RODRIGUEZ, ILLIANA	
STREET ADDRESS	5411 S.W. 17TH AVENUE		STREET ADDRESS	836 SE. 47 th st	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Rodriguez, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DAVID		NAME	RODRIGUEZ, DAVID	
STREET ADDRESS	5411 S.W. 17TH AVENUE		STREET ADDRESS	836 SE. 47 th st	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	RODRIGUEZ, DANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DANIEL		NAME	RODRIGUEZ, DANIEL	
STREET ADDRESS	5411 S.W. 17TH AVENUE		STREET ADDRESS	836 SE. 47 th st.	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Spencer

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

941-242-6674

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE