

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90035 025 ***558.75

DOCUMENT # S33551

1. Entity Name

C & C SKATE, INC.

Principal Place of Business

Mailing Address

1445 RIVIERA DR
 FL 34744

1445 RIVIERA DR
 KISSIMMEE FL 34744-6647

2. Principal Place of Business

14210 N. NEBRASKA Ave

3. Mailing Address

PO Box 82484

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3049950

Applied For

Not Applicable

Zip

33613

Country

Hillsborough

Zip

33682

Country

Hillsborough

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUKHERJEE, DOROTHY S
 1445 RIVIERA DR
 KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name

KEVIN T CARROLL

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

1879 N.E. Media Ave #4

City

Jensen Beach

FL

Zip Code

34957

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

Pres. Kevin T Carroll

(NOTE: Registered Agent signature required when reinstating)

DATE

5-15-00

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	DPT	<input type="checkbox"/> Delete
NAME	CARROLL, KEVIN	
STREET ADDRESS	3178 SE COMMERCIAL AVE	
CITY-ST-ZIP	STUART FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MUKHERJEE, DOROTHY S	
STREET ADDRESS	1445 RIVIERA DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

Pres. Kevin T Carroll

5-15-00

813-971-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/99)