

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90238 043 \*\*\*158.75

**DOCUMENT # S33551**

1. Entity Name  
**C & C SKATE, INC.**



Principal Place of Business  
**14210 N. NEBRASKA AVE  
TAMPA FL 33613**

Mailing Address  
**P O BOX 3178  
STUART FL 34995**



2. Principal Place of Business

3. Mailing Address  
**485 27th Ave SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Vero Beach FL**

4. FEI Number  
**59-3049950**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32968 U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, KEVIN T  
1879 N. E. MEDIA AVE #4  
JENSEN BEACH FL 34957**

Name  
**Kevin T Carroll**  
Street Address (P.O. Box Number is Not Acceptable)  
**485 27th Ave SW**  
City **Vero Beach** FL Zip Code **32968**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Pres. Kevin Carroll 2/5/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>CARROLL, KEVIN</b>	
STREET ADDRESS	<b>3178 SE COMMERCIAL AVE</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, TIM</b>	
STREET ADDRESS	<b>14210 N NEBRASKA AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
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		

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEVIN CARROLL</b>	
STREET ADDRESS	<b>485 27th Ave SW</b>	
CITY-ST-ZIP	<b>Vero Beach FL 32968</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Kevin Carroll**

Date

Daytime Phone #

**2/5/03 772-794-3373**

CR2E034 (10/02)