

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 020 ***150.00

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DOCUMENT # S65976

1. Entity Name
TAMPA BAY SKATING ACADEMY, INC.



Principal Place of Business
**251 LAKEVIEW DRIVE
OLDSMAR FL 34677**

Mailing Address
**2623 MCCORMICK DRIVE
101
CLEARWATER FL 33759**



2. Principal Place of Business
2623 MCCORMICK DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State

Zip
33759

Country
USA

Zip

Country

4. FEI Number
59-3099220

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, KENNETH L
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 34619**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KING, KENNETH L
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ROACH, DOUGLAS D.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GRAS, JOSEPH P., JR.
2623 MCCORMICK DR SUITE 101
CLEARWATER FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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: **KENNETH L. KING**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03
Date

727-791-1247
Daytime Phone #

CR2E034 (10/02)