

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90039 032 ***158.75

DOCUMENT # F95000004844

1. Entity Name
SKYLER MEDICAL SUPPLIES, INC.

Principal Place of Business

~~125 W ROMANA ST~~
~~400~~
PENSACOLA FL 32501
US

Mailing Address

~~125 W ROMANA ST~~
~~SUITE 400~~
PENSACOLA FL 32501
US

2. Principal Place of Business

2 N. Palafox St.
 Suite, Apt. #, etc.

3. Mailing Address

2 N. Palafox St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 64-0763903	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELL, SCOTT J 125 W ROMANA ST. 400 PENSACOLA FL 32501			Name Street Address (P.O. Box Number is Not Acceptable) 2 N. Palafox St. 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, SCOTT J 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PE', JERRY 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, DANA R 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLAN JR., JOHN J 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, ED 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, J L 125 W ROMANA ST STE 400 PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Palafox St.

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 REQUIRED **1/10/02** **850-432-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)