FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am § Secretary of State DOCUMENT # L02231 Entity Name SKO PROPERTIES, INC. 02-20-2002 90142 010 \*\*\*150.00 rincipal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 305 SUITE 305 PALM BEACH FL 33480 PALM BEACH FL 33480 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0129883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, JAMES C Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Delete TITLE ☐ Addition AME KOHL, SIDNEY A. NAME REET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305 STREET ADDRESS itY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ΪLE ☐ Delete TITLE Change ☐ Addition DVPT ME NAME JENKINS, JAMES C REET ADDRESS STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305 TY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Delete İLE TITLE Change Addition DVS ĬΜΕ NAME LEVIN, JAMES S REET ADDRESS STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305 TY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 İLΕ ☐ Delete TITLE ☐ Change ☐ Addition ME. NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-7IP ĥΕ TITLE ☐ Delete Change Addition ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP LΕ ☐ Delete TITLE ☐ Addition [MF NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.