

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90046 032 ***158.75

DOCUMENT # **P0200000014**
1. Entity Name **SkyHigh Revenue, Inc.**

DO NOT WRITE IN THIS SPACE

90002067

2. Principal Place of Business ATTN: Demaree Sexson		3. Mailing Address ATTN: Demaree Sexson	
Suite, Apt. #, etc. 7a32 Laurel St.		Suite, Apt. #, etc. 7a32 Laurel St.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34613	Country USA	Zip 34613	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3589031	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.
City **Tallahassee** FL Zip Code **32301**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PIS/D Patti L. Consilvio 1431 Calle Redonda Lane ESCONDIDO, CA 92026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Cindy L. Lawson 26065 Westridge Avenue SUN CITY, CA 92586
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patti L. Consilvio** **Patti L. Consilvio** **1/11/03** **619-985-7817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR