

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053299

1. Entity Name

SK II, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90007 017 \*\*\*150.00

Principal Place of Business

Mailing Address

600 FRONT ST., STE. B7  
KEY WEST FL 33040

600 FRONT ST., STE. B7  
KEY WEST FL 33040-6687

A0039434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

506 Fleming St

506 Fleming St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST, FL

KEY WEST, FL

Zip

Country

Zip

Country

33040 USA

33040 USA

4. FEI Number

65-0766149

Applied For

Not Applicable

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

SPOTTSWOOD, ROBERT A  
600 FRONT ST., STE. B7  
KEY WEST FL 33040

Name

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

506 Fleming St

City

KEY WEST,

FL

Zip Code

33040

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 reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SPOTTSWOOD, ROBERT A  
STREET ADDRESS 600 FRONT ST., STE. B7  
CITY-ST-ZIP KEY WEST FL 33040

TITLE DVT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 506 Fleming Street  
CITY-ST-ZIP Key West, FL 33040

TITLE D ☐ Delete  
NAME KNIGHT, EDWARD B  
STREET ADDRESS 600 FRONT ST., STE. B7  
CITY-ST-ZIP KEY WEST FL 33040

TITLE DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 506 Fleming Street  
CITY-ST-ZIP Key West, FL 33040

TITLE D ☐ Delete  
NAME SPOTTSWOOD, JOHN M JR.  
STREET ADDRESS 600 FRONT ST., STE. B7  
CITY-ST-ZIP KEY WEST FL 33040

TITLE DVS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 506 Fleming Street  
CITY-ST-ZIP Key West, FL 33040

TITLE D ☐ Delete  
NAME SPOTTSWOOD, WILLIAM B  
STREET ADDRESS 600 FRONT ST., STE. B7  
CITY-ST-ZIP KEY WEST FL 33040

TITLE DV ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 506 Fleming Street  
CITY-ST-ZIP Key West, FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 (305) 294-6100