

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90044 002 ***158.75

DOCUMENT # P97000072968

1. Entity Name
SKYLER JACKSON, INC.

Principal Place of Business 125 WEST ROMANA STREET SUITE 400 ONE PENSACOLA PLAZA PENSACOLA FL 32501	Mailing Address 125 WEST ROMANA STREET SUITE 400 ONE PENSACOLA PLAZA PENSACOLA FL 32501-5848
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711099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3489753		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CAMPBELL, JAMES S BEGGS & LANE 3 WEST GARDEN STREET, SUITE 700 PENSACOLA FL 32501				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.

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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SCOTT J	NAME	
STREET ADDRESS	125 WEST ROMANA STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PEI, GERALD	NAME	
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROY C	NAME	
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DANA R	NAME	
STREET ADDRESS	125 W. ROMANA ST. #400	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLAN, JOHN J JR	NAME	
STREET ADDRESS	125 W. ROMANA ST. #400	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, J L	NAME	
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	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 *Scott J Bell* **01/10/00** **850-432-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #