

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90144 002 ***158.75

DOCUMENT # P97000072968

1. Entity Name
SKYLER JACKSON, INC.

Principal Place of Business Mailing Address
~~125 WEST ROMANA STREET SUITE 400~~ ~~125 WEST ROMANA STREET SUITE 400~~
~~ONE PENSACOLA PLAZA,~~ ~~ONE PENSACOLA PLAZA~~
~~PENSACOLA FL 32501~~ ~~PENSACOLA FL 32501~~



2. Principal Place of Business 3. Mailing Address
2 N. Palafox St. **2 N. Palafox St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Pensacola, FL **Pensacola, FL** **59-3489753** Not Applicable
 Zip Country Zip Country
32501 **US** **32501** **US**
 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
BELL, SCOTT J
~~125 W ROMANA STREET~~
~~STE 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)
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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SCOTT J	NAME	2 N. Palafox St.
STREET ADDRESS	125 WEST ROMANA STREET	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	2 N. Palafox St.
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PE', GERALD	NAME	2 N. Palafox St.
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	2 N. Palafox St.
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROY C	NAME	2 N. Palafox St.
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	2 N. Palafox St.
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DANA R	NAME	2 N. Palafox St.
STREET ADDRESS	125 W. ROMANA STR. #400	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	2 N. Palafox St.
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLAN, JOHN J JR	NAME	2 N. Palafox St.
STREET ADDRESS	125 W. ROMANA ST. #400	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	2 N. Palafox St.
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, J L	NAME	2 N. Palafox St.
STREET ADDRESS	125 W. ROMANA STR., STE. 400	STREET ADDRESS	2 N. Palafox St.
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	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)