

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **PA7000089810**

APPROVED AND FILED

06-20-2000 90016 005 ***150.00

1. Entity Name

Sky-Gav and Associates, Inc. R

00 JUL 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00065480

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4152 Madura Five
Gulf Breeze, FL 32561**

2. Principal Place of Business 3. Mailing Address
4152 Madura Five 4152 Madura Five
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Gulf Breeze, FL Gulf Breeze, FL

Zip Country Zip Country
32561 USA 32561 USA

4. FEI Number Applied For
59-3474282 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**Brent L. Boyles
4152 Madura Five
Gulf Breeze, FL 32561**

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brent L. Boyles See mailing address	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Todd J. Boyles See mailing address	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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: Brent L. Boyles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/22/00 850 916-9094
Daytime Phone #

CR2E034 (9/99)

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July 24, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Michelle Milligan
Re: Sky-Gav & Associates, Inc.
Reference # P97000089810

I received your letter dated May 15, 2000, letter number: 800A00027025 and returned the enclosed form with a check for \$150.00 within the 30 days specified (to avoid a \$400 late fee). I have now received a letter from the Annual Reports Section, dated June 22, 2000, which states that a late fee of \$400 has been assessed. Your assistance regarding this issue is appreciated.

Brent L. Boyles
4152 Madura Five
Gulf Breeze, FL 32561