

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

DOCUMENT # P97000089810 ✓

1. Entity Name  
Sky-Gaw and Associates, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
452 Madura Five  
 Suite, Apt. #, etc.

3. Mailing Address  
452 Madura Five  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Gulf Breeze FL  
 Zip  
32561  
 Country  
US

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4. FEI Number  
593474282  
 Applied For  
 Not Applicable

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

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Brent L Boyles  
 Street Address (P.O. Box Number is Not Acceptable)  
452 Madura Five  
 City  
Gulf Breeze **FL** Zip Code  
32561

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.

**January 1 - May 1: Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 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	<u>President Brent L Boyles 452 Madura Five Gulf Breeze FL 32561</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Todd J. Boyles 452 Madura Five Gulf Breeze FL 32561</u>
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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brent L Boyles  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)