

AMENDED

FILED

03 NOV 20 AM 11:12

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000089810

1. Entity Name
SKY-GAV & ASSOCIATES, INC.

Principal Place of Business: 4152 MADURA FIVE, GULF BREEZE, FL 32561 US
Mailing Address: 4152 MADURA FIVE, GULF BREEZE, FL 32561 US

2. Principal Place of Business: 14 LIVE OAK ST, STE A, GULF BREEZE FL
3. Mailing Address: 14 LIVE OAK ST, STE A, GULF BREEZE FL

4. FEI Number: 59-3474282
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BOYLES, BRENT L, 4152 MADURA FIVE, GULF BREEZE, FL 32563
7. Name and Address of New Registered Agent: [Blank]

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 11/16/03

FILE NOW! FEE IS \$160.00. After May 1, 2003 Fee will be \$550.00. Amended UBR is \$81.25. Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BOYLES, BRENT L STREET ADDRESS: 4152 MADURA FIVE CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BOYLES, TODD J STREET ADDRESS: 4152 MADURA FIVE CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: VP NAME: SHAWN D. BECKWITH STREET ADDRESS: 4152 MADURA FIVE CITY-ST-ZIP: GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: SEC/TREAS NAME: TODD J. BOYLES (SEE LEFT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address over all other like empowered.

SIGNATURE: [Signature] DATE: 11/16/03 PHONE: 850-916-9084

CR2004 (10/02)