2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90246 024 ***158.75

DOCUMENT # P97000103119

1. Entity Name
SKYLER PREMIER, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 N. Palafox St.	2 N. Palafox St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3481850 ☐ Applied For ☐ Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, SCOTT J ~~125 WEST ROMANA STREET #400~~ PENSACOLA FL 32501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, DANA R ~~125 WEST ROMANA STREET #400~~ PENSACOLA FL 32501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOWAY, J L ~~125 N ROMANA ST STE 400~~ PENSACOLA FL 32501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. PE', GERALD ~~125 W ROMANA SR STE 400~~ PENSACOLA FL 32501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLAN, JOHN J JR ~~125 WEST ROMANA STREET #400~~ PENSACOLA FL 32501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREHERN, W E ~~125 N ROMANA ST STE 400~~ PASCAGOULA MS 39567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 N. Palafox St.

CR2E034 (9/01)

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 1/8/02 850-432-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #