

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90161 046 ***158.75

DOCUMENT # P97000103127

1. Entity Name

SKYLER MIAMI, 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 32501-5848

711605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3481849

Applied
Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JAMES S
BEGGS & LANE
3 WEST GARDEN STREET #700
PENSACOLA FL 32501

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J	
STREET ADDRESS	125 WEST ROMANA STREET #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, DANA R	
STREET ADDRESS	125 WEST ROMANA STREET #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, J L	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PE, GERALD	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLAN, JOHN J JR	
STREET ADDRESS	125 WEST ROMANA STREET #400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREHERN, W E	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	

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

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 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

Date

850-492

Daytime Phone #