

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90087 020 \*\*\*158.75

**DOCUMENT # P97000103127**  
 1. Entity Name  
**SKYLER MIAMI, INC.**

Principal Place of Business <b>125 WEST ROMANA STREET #400          ONE PENSACOLA PLAZA          PENSACOLA FL 32501</b>	Mailing Address <b>125 WEST ROMANA STREET #400          ONE PENSACOLA PLAZA          PENSACOLA FL 32501</b>
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711131



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-3481849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAMPBELL, JAMES S  
 BEGGS & LANE  
 3 WEST GARDEN STREET #700  
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
 Name: **Bell, Scott J.**  
 Street Address (P.O. Box Number is Not Acceptable): **125 W. Romana St.**  
**Suite 400**  
 City: **Pensacola** FL Zip Code: **32501**

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: **Scott J. Bell, President** DATE: **1/15/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>BELL, SCOTT J</b>
STREET ADDRESS: <b>125 WEST ROMANA STREET #400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>FOSTER, DANA R</b>
STREET ADDRESS: <b>125 WEST ROMANA STREET #400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>HOLLOWAY, J L</b>
STREET ADDRESS: <b>125 W. ROMANA ST., STE. 400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>ST. PE', GERALD</b>
STREET ADDRESS: <b>125 W. ROMANA ST., STE. 400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>TOLAN, JOHN J JR</b>
STREET ADDRESS: <b>125 WEST ROMANA STREET #400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>TREHERN, W E</b>
STREET ADDRESS: <b>125 W. ROMANA ST., STE. 400</b>	CITY-ST-ZIP: <b>PENSACOLA FL 32501</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Williams, Roy C.</b>
STREET ADDRESS: <b>125 W. Romana St. Suite 400</b>	CITY-ST-ZIP: <b>Pensacola, FL 32501</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:

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: **Scott J. Bell** DATE: **1/15/01** 850-432-0650  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/00)