2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000027965** Mar 06, 2000 8:00 am **Secretary of State** SKYWAY EXPRESS, INC. 03-06-2000 90018 017 ***150.00 Principal Place of Business Mailing Address 2936 BAYSHORE CT. 2936 BAYSHORE CT. TAMPA FL 33611-2808 TAMPA FL 33611 3. Mailing Address 2. Principal Place of Business P.O. BOX 320845 3227 HARBOR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-<u>3566329</u> Not Applicable AMAA Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUTT. JEFFREY DREW** Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD., 10TH FLOOR **TAMPA FL 33602** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE TITLE ☐ Delete CASCELLA, Robert F. 3227 W. HArbor View Ave CASCELLA, ROBERT F NAME NAME STREET ADDRESS 2936 BAYSHORE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** Change ☐ Addition TITLE ☐ Delete TITLE CASCELLA, Ann Marie CASCELLA, ANN MARIE NAME NAME 3227 W' HArbor View AVE HAMPI, FL 33611 STREET ADDRESS 2936 BAYSHORE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ TAMPA FL 33611 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME STREET ADDRESS 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 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

St & W. B. B. A. 3. Robert F. Cascolla 2/13/00 (813) SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Change

☐ Addition

Addition