

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 244265****1. Entity Name**
SKINNERS' DAIRY, INC.**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90248 015 ***150.00

Principal Place of Business**6700 BOWDEN RD**
JACKSONVILLE FL 32216**Mailing Address****6700 BOWDEN RD**
JACKSONVILLE FL 32216**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-0914566

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GAULTNEY, H. DENNY**
24741 DEER TERRACE DR
PONTE VEDRA BEACH FL 32082**7. Name and Address of New Registered Agent**

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, 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**
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
GAULTNEY, H. DENNY
24741 DEER TRACE DR
PONTE VEDRA BEACH FL 3208 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
GAULTNEY, MARGARET G
24741 DEER TRACE DR
PONTE VEDRA BEACH FL 32082 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H D GAULTNEY, PRES. 1/23/01 904 923.3923

Date

Daytime Phone #

CR2E034 (10/00)