

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444254

1. Entity Name

SKILBRED, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90119 039 ***150.00

Principal Place of Business

Mailing Address

1018 NORTH BLVD., W.
SUITE A
LEESBURG FL 34748
US

1018 NORTH BLVD., W.
SUITE A
LEESBURG FL 34748-5057
US

2. Principal Place of Business

3. Mailing Address

9817 Wedgewood Lane

9817 Wedgewood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-1502075

Applied For

Not Applicable

Zip
34788

Country

Zip

34788

Country

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

CYRUS, ROBERT R
214 N THIRD ST
SUITE A
LEESBURG FL 34748

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SKILBRED, FRANK A
STREET ADDRESS 9817 WEDGEWOOD LANE
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE D/P
NAME Skilbred, Frank A.
STREET ADDRESS 9817 Wedgewood Lane
CITY-ST-ZIP Leesburg, FL 34788 ☒ Change ☐ Addition

TITLE STD
NAME SKILBRED, LILLIAN V
STREET ADDRESS 9817 WEDGEWOOD LANE
CITY-ST-ZIP LEESBURG, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME SKILBRED, MARK
STREET ADDRESS 1018 NORTH BLVD W
CITY-ST-ZIP LEESBURG FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Frank A. Skilbred*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/FRANK A. SKILBRED

Date

4-14-00

Daytime Phone #

352/787-1069

CR2E034 (9/99)