

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000003879**

1. Entity Name

SKY ASSET MANAGEMENT SERVICES, INC.**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90089 026 ***150.00

Principal Place of Business

Mailing Address

**18167 U.S. HIGHWAY 19 NORTH
SUITE 200
CLEARWATER FL 34624****18167 U.S. HIGHWAY 19 NORTH
SUITE 200
CLEARWATER FL 33764-6568**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-4479500

Applied For

Not Applicable

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****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	S	<input checked="" type="checkbox"/> Delete
NAME	MOLLE', PAUL A	
STREET ADDRESS	18167 US 19 N #250	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Granger Souder	
STREET ADDRESS	221 S. Church Street	
CITY-ST-ZIP	Bowling Green, Ohio 43402	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIESLAK, LEE J	
STREET ADDRESS	18167 US 19 N., #200	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward J. Reiter	
STREET ADDRESS	221 S. church Street	
CITY-ST-ZIP	Bowling Green, Ohio 43402	

TITLE	T	<input type="checkbox"/> Delete
NAME	COLTON, LARRY C	
STREET ADDRESS	18167 US 19 N., #200	
CITY-ST-ZIP	CLEARWATER FL 43402	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald D. Thomas	
STREET ADDRESS	12415 Neowash Rd.	
CITY-ST-ZIP	Whitehouse, Ohio 43711	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCISCO, DAVID	
STREET ADDRESS	222 S MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph N. Tosh, II	
STREET ADDRESS	1700 River Rd.	
CITY-ST-ZIP	Beaver, PA 15009	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUGHLIN, JAMES	
STREET ADDRESS	36 N DETROIT	
CITY-ST-ZIP	XENIA OH	

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TESSENDORF, RICHARD	
STREET ADDRESS	4783 N BEND ROAD	
CITY-ST-ZIP	CINCINNATI OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

04/18/00

Date

(419) 373-6304

Daytime Phone #

CR2E034 (9/99)