2002 UNIFORM BUSINESS REPORT (UBR)

F9900005369 **DOCUMENT#**

1. Entity Name

SKYVIEW STAFFING, INC. Principal Place of Business Mailing Address 15450 S. OUTER HIGHWAY 40. SUITE 270 15450 S. OUTER HIGHWAY 40, SUITE 270

FILED Jul 18, 2002 8:00 am Secretary of State

07-18-2002 90132 034 ***550.00

R0130118

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip 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. I am familiar the obligations of registered agent. 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 filling requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing	Applied For Not Applicable Additional quired Code with, and accept 5.00 May Be dded to Fees
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CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same least of the	

SIGNATURE:

7-15-02 (636) 519-1000