


FILED
Apr 22, 2003 8:00 am
Secretary of State

0562346 AV

DOCUMENT # H18626	
1. Entity Name SKIRBALL GROUP, INC.	
	

Secretary of State
04-22-2003 90031 043 ***150.00

Principal Place of Business 1227 SOUTH TAMiami TRAIL SARASOTA FL 34239	Mailing Address 1227 SOUTH TAMiami TRAIL SARASOTA FL 34239
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2. Principal Place of Business <u>1227 South Tamiami Trail</u>	3. Mailing Address <u>1227 South Tamiami Trail</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <u>SARASOTA, FL 34239</u>	City & State <u>SARASOTA, FL 34239</u>
Zip <u>34239</u>	Country <u>USA</u>
Country <u>USA</u>	Zip <u>34239</u>
Country <u>USA</u>	Zip <u>34239</u>

4. FEI Number <u>59-2445960</u>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent SKIRBALL, PHILIP E. 1227 S TAMiami TRAIL SARASOTA FL 34239

7. Name and Address of New Registered Agent Name: <u>Philip E Skirball</u> Street Address (P.O. Box Number is Not Acceptable) <u>1227 South Tamiami Trail</u> City: <u>SARASOTA</u> FL Zip Code: <u>34239</u>

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 with, and accept 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIRBALL, PHILIP E. 1227 S TAMiami TRAIL SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 reports are 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #