

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J15255

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: SKYLIGHTS OF FLORIDA, INC.

**Current Principal Place of Business:**

4750 N. DIXIE HWY, #7  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

5533 NW 107TH  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

4750 N. DIXIE HWY, #7  
OAKLAND PARK, FL 33334

**New Mailing Address:**

PO BOX 8466  
CORAL SPRINGS, FL 33075

FEI Number: 59-2672697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALUCCI, ROBERT J  
5533 NW 107 AVE.  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PALUCCI, ROBERT J  
Address: 5533 NW 107 AVE  
City-St-Zip: CORAL SPRINGS, FL

Title: V (X) Delete  
Name: GOODRICH, MYRON K  
Address: 10411 NW 18TH DR  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PALUCCI

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04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date