

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90041 003 ***150.00

DOCUMENT # K56182

1. Entity Name

BLUE SKIES UNLIMITED, INC.

Principal Place of Business

83201 OVERSEAS HWY.
 BEACON REEF, #508
 ISLAMORADA FL 33036

Mailing Address

83201 OVERSEAS HWY.
 BEACON REEF, #508
 ISLAMORADA FL 33036

2. Principal Place of Business

225 S. Bay Harbor Drive

3. Mailing Address

225 South Bay Harbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo FL

City & State

Key Largo FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. FEI Number

65-0213839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPNER, DAVID
83201 OVERSEAS HWY., #508
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name **David Halpner**
 Street Address (P.O. Box Number is Not Acceptable) **225 S. Bay Harbor Drive**
 City **Key Largo** FL Zip Code **33037**

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

David Halpner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

David Halpner

5/1/2000
 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

TITLE **D** ☐ Delete
 NAME **GILBERT, PATRICIA**
 STREET ADDRESS **317 WHITEHEAD ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Patricia Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 3058526044
 Date Daytime Phone #