

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80537

ND/N/C/Rec.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90948 035 \*\*\*150.00

1. Entity Name

SKELDING, LABASKY, CORRY, HAUSER, JOLLY,  
& METZ, A PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

318 N. Monroe St  
Tallahassee FL  
32301

P O Box 669  
Tallahassee FL  
32302-0669

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

59-2978610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKELDING, JACK M., JR.  
318 N MONROE ST  
TALLAHASSEE FL 32301

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 D ☐ Delete  
NAME Swedmark, Gayle  
STREET ADDRESS 1887 Ox Bottom Road  
CITY-ST-ZIP Tallahassee FL

TITLE D ☐ Change ☒ Addition  
NAME Corry, William W.  
STREET ADDRESS 1823 Mahan Drive  
CITY-ST-ZIP Tallahassee FL 32308

TITLE D ☐ Delete  
NAME Hauser, James C.  
STREET ADDRESS 6568 Heartland Circle  
CITY-ST-ZIP Tallahassee FL 32312

TITLE D ☐ Change ☒ Addition  
NAME Daws, Sonya K.  
STREET ADDRESS Surrey Farms Lane  
CITY-ST-ZIP Tallahassee FL 32317

TITLE D ☐ Delete  
NAME Jolly, John W. J.  
STREET ADDRESS 318 N. Monroe St.  
CITY-ST-ZIP Tallahassee FL 32301

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

TITLE DP ☐ Delete  
NAME Skelding, Jack M. Jr.  
STREET ADDRESS 318 N. Monroe St.  
CITY-ST-ZIP Tallahassee FL 32301

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

TITLE DS ☐ Delete  
NAME Labasky, Ronald A.  
STREET ADDRESS 318 N. Monroe St.  
CITY-ST-ZIP Tallahassee FL 32301

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

TITLE D ☐ Delete  
NAME Stephen W. Metz  
STREET ADDRESS 318 N. Monroe St.  
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000 850-222-3730