

2001 UNIFORM BUSINESS REPORT (UBR)

0020394 AF

DOCUMENT # L00000002303

1. Entity Name

SKYLARK ENERGY, LLC

FILED

01 MAY 29 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

501 GOODLETTE ROAD, SUITE A204
NAPLES FL 34102

Mailing Address

501 GOODLETTE ROAD, SUITE A204
NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

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

74-2947656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, ROGER B
5425 PARK CENTRAL COURT
NAPLES FL 34109

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. No Change MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MANAGER
STREET ADDRESS MICHAEL C. JACOBS
CITY-ST-ZIP ~~501~~ 501 GOODLETTE RD. SA 204
NAPLES, FLORIDA 34102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael C. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 23, 2001 941-403-0281
Date Daytime Phone #

CR2E083 (11/00)