

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019666 AF

DOCUMENT # L00000002865

1. Entity Name  
SKY-PATH, LTD., LLC

FILED

01 APR -4 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1421 SE 39TH ST.  
CAPE CORAL FL 33904

Mailing Address  
1421 SE 39TH ST.  
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1722 DEL PRADO BLVD. S.  
Suite, Apt. #, etc.  
STE #2

3. Mailing Address  
1722 DEL PRADO BLVD. S.  
Suite, Apt. #, etc.  
STE #2

City & State  
CAPE CORAL FL.  
Zip  
33990  
Country  
USA

City & State  
CAPE CORAL FL.  
Zip  
33990  
Country  
USA

4. FEI Number  
65-0988540

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

CASS, NATALIE  
1421 SE 39TH STREET  
CAPE CORAL FL 33904

Name  
ARTHUR R. DUPREZ SR.  
Street Address (P.O. Box Number is Not Acceptable)  
1722 DEL PRADO BLVD. S. STE #2  
City CAPE CORAL FL Zip Code 33990

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 *Arthur R. Duprez Sr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000003995900--2  
-04/13/01--01010--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CASS, NATALIE  
1421 SE 39TH ST.  
CAPE CORAL FL. 33904 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
ARTHUR R. DUPREZ SR.  
1722 DEL PRADO BLVD. S. #2  
CAPE CORAL, FL. 33990 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
SHIRLEY A. DUPREZ  
1722 DEL PRADO BLVD S. #2  
CAPE CORAL, FL. 33990 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: *Arthur R. Duprez Sr.* ARTHUR R. DUPREZ SR. 4/01/01 941-772-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)