

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 034 ****50.00

DOCUMENT # L00000002865

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

Principal Place of Business
1722 DEL PRADO BLVD., S. STE #2
CAPE CORAL FL 33990

Mailing Address
1722 DEL PRADO BLVD., S. STE #2
CAPE CORAL FL 33990

2. Principal Place of Business
1221 N. TAMiami TRAIL
 Suite, Apt. #, etc.

3. Mailing Address
1221 N. TAMiami TRAIL
 Suite, Apt. #, etc.

City & State
NORTH-FORT-MYERS FL.

City & State
NORTH FORT MYERS FL.

Zip
33903

Country
USA

Zip
33903

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

DUPREZ, ARTHUR R SR
1722 DEL PRADO BLVD., S., STE #2
CAPE CORAL FL 33990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur R. Duprez Sr.*

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

(NOTE: Registered Agent signature required when reinstating)

7/02/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **DUPREZ, ARTHUR R SR**
 STREET ADDRESS **1722 DEL PRADO BLVD S #2**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

☒ Change ☐ Addition
 NAME **1221 N. TAMiami TRAIL**
 STREET ADDRESS **NORTH FORT MYERS FL. 33903**
 CITY-ST-ZIP

TITLE **M** ☐ Delete
 NAME **DUPREZ, SHIRLEY A**
 STREET ADDRESS **1722 DEL PRADO BLVD S #2**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

☐ Change ☐ Addition
 NAME **1221 N. TAMiami TRAIL**
 STREET ADDRESS **NORTH FORT MYERS FL 33903**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Arthur R. Duprez Sr.* **REQUIRED**

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

7/02/02

Date

239-772-2500

Daytime Phone #

CR2E083 (4/02)