

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-26-2002 90006 021 ****50.00

DOCUMENT # L00000010175

1. Entity Name

SKYLANE PARTNERS, LLC

Principal Place of Business

**3018 ST. CHARLES DRIVE
TAMPA FL 33618**

Mailing Address

**3018 ST. CHARLES DRIVE
TAMPA FL 33618**

18647

2. Principal Place of Business

11521 Innfields Dr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

same

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33556

Country

Hillsborough

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROWLEY, CAROL
3018 ST. CHARLES DRIVE
TAMPA FL 33618**

RESIGNED

7. Name and Address of New Registered Agent

Name **Mark Jorgensen**

Street Address (P.O. Box Number is Not Acceptable)

11521 Innfields Dr.

City **Odessa**

FL

Zip Code

33556

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 resigning)

DATE

3/14/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **CROWLEY, CAROL**
STREET ADDRESS **3018 ST. CHARLES DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **MGRM**
NAME **STORM, THEODORE W**
STREET ADDRESS **6018 LEMON TREE COURT**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **MGRM**
NAME **JORGENSEN, MARK W**
STREET ADDRESS **11521 INNFIELDS DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 508, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

2/13/02 (813) 926-9260

CP2ED083 (9/01)