

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013394

1. Entity Name

SKINNER INVESTMENTS LLC

Principal Place of Business

Mailing Address

1343 ALBERTA DRIVE
WINTER PARK FL 32789

1343 ALBERTA DRIVE
WINTER PARK FL 32789

2. Principal Place of Business

813 ORIENTA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

813 ORIENTA AVENUE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

4. FEI Number

59-3681484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name TONYA D. SKINNER
Street Address (P.O. Box Number is Not Acceptable)
1343 ALBERTA DRIVE

City WINTER PARK

FL

Zip Code 32789

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

Tonya D. Skinner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/05/01

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

000004036300--4
-04/20/01--01097--028
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE DIRECTOR
NAME TONYA DASCHNER SKINNER
STREET ADDRESS 1343 ALBERTA DR.
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 608, Florida Statutes.

SIGNATURE:

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

4/05/01 (407)647-3773
Date Daytime Phone #

0006069 AF

CR2E083 (11/00)

FILED

01 APR 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE