

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90076 037 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013394

1. Entity Name

SKINNER INVESTMENTS LLC

Principal Place of Business

**813 ORIENTA AVENUE
 ALTAMONTE SPRINGS FL 32701**

Mailing Address

**813 ORIENTA AVENUE
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

124 Live Oaks Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

124 Live Oaks Blvd.
 Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip
32707

Country
USA

Zip

32707

Country
USA

4. FEI Number

59-3681484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fees Required

6. Name and Address of Current Registered Agent

**SKINNER, TONYA D
 1343 ALBERTA DRIVE
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

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

4/25/02 *407 647 3773*
 Date Daytime Phone #

CR2E083 (9/01)