

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 021 ****50.00

UBR100

DOCUMENT # L01000008229
1. Entity Name
G&J SKYWAY, LLC.

Principal Place of Business **Mailing Address**
2035 PHILIPPE PKWY #112 **2035 PHILIPPE PKWY #112**
SAFETY HARBOR FL 34685 **SAFETY HARBOR FL 34685**

909280

2. Principal Place of Business **3. Mailing Address**
112 **# 112**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
SAFETY HARBOR FL.



DO NOT WRITE IN THIS SPACE

City & State **City & State**
SAFETY HARBOR FL.

Zip **Country** **Zip** **Country**
34695 **U.S.A.** **34695** **U.S.A.**

4. FEI Number **Applied For**
59-3745722 **Not Applicable**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
ESTIME, GILBERT
17454 SW 79 COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent
Name **GABOR SZOBLODI**
Street Address (P.O. Box Number is Not Acceptable)
2035 PHILIPPE PKWY # 112
City **SAFETY HARBOR** **FL** **Zip Code** **34695**

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 Gabor Szoboldi 01/14/02
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZOBOLDI, GABOR 2035 PHILIPPE PKWY #112 SAFETY HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAKACS, JUDIT 2035 PHILIPPE PKWY #112 SAFETY HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZOBLODI, GABOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: GABOR SZOBLODI 01/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)