

FILED  
May 21, 2002 8:00 am  
Secretary of State

05-21-2002 90878 016 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L11279

1. Entity Name

SKY SYSTEMS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6109 PEMBROKE ROAD

Suite, Apt. #, etc.

3. Mailing Address

6109 PEMBROKE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

Zip 33023

Country US

City & State

HOLLYWOOD FL

Zip 33023

Country US

4. FEI Number

65-0144501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MATTHEW P GRANT

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

6109 PEMBROKE ROAD

City

HOLLYWOOD

FL

Zip Code

33023

**DO NOT WRITE  
IN THIS SPACE**

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

MATTHEW P GRANT

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PRESIDENT / SEC TREAS  
MATTHEW P GRANT  
6109 PEMBROKE ROAD  
HOLLYWOOD FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

D  
MATTHEW P GRANT  
6109 PEMBROKE ROAD  
HOLLYWOOD FL 33023

TITLE  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATTHEW P GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

954-961-1004

Daytime Phone #

CR2E034B (12/01)