# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 10, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# L50106

**Entity Name:** SKYLINE SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

% GEMMA B. HEIGES
3109 W. HALLANDALE BEACH BLVD., #106
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

% GEMMA B. HEIGES
3109 W. HALLANDALE BEACH BLVD., #106
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number: 65-0174673** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DONALD M. COLMAN
3109 W. HALLANDALE BEACH BLVD. #106
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: COLMAN, JOEL
Address: 3109 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: P (X) Delete
Name: COLMAN, DONALD M
Address: 3109 W. HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: COLMAN, DONALD M
Address: 3109 W HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. COLMAN P 04/10/2002

Electronic Signature of Signing Officer or Director — Date