

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002253

1. Entity Name

SKY WAY GLOBAL LLC

Principal Place of Business

121 6TH STREET EAST
TIERRA VERDE FL 33715

Mailing Address

121 6TH STREET EAST
TIERRA VERDE FL 33715

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

88-0472094

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOVAR, JOY C
121 6TH STREET EAST
TIERRA VERDE FL 33715

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

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

(NOTE: Registered Agent signature required when instituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

100004618301--7
-10/01/01--01069--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KOVAR, GLENN A 1024 SONATA LANE APOLLO BEACH FL 33572 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KOVAR, JOY C 4850 OSPREY DR. SOUTH, G204 ST. PETERSBURG FL 33711 | <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 | | <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 |
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| 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:

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

9/17/01

727 638 6515

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 10:00



DO NOT WRITE IN THIS SPACE

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CR2E083 (5/01)

STAPLE CHECK HERE