

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12606

1. Entity Name  
SK TECHNOLOGIES, CORP.

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90016 020 \*\*\*158.75

0385833  
AV

Principal Place of Business  
500 FAIRWAY DR  
SUITE 104  
DEERFIELD BEACH FL 33441  
US

Mailing Address  
500 FAIRWAY DR  
SUITE 104  
DEERFIELD BEACH FL 33441  
US

80046031



2. Principal Place of Business  
PO Box 8627  
Suite, Apt. #, etc.  
Deerfield Beach FL

3. Mailing Address  
PO Box 8627  
Suite, Apt. #, etc.  
Deerfield Beach FL

DO NOT WRITE IN THIS SPACE

City & State  
33443

City & State  
33443

4. FEI Number 59-2560573

Applied For  
Not Applicable

5. Certificate of Status Desired. ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SHOEMAKER, CALVIN S  
500 FAIRWAY DR  
SUITE 104  
DEERFIELD BEACH FL 33441

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOEMAKER, CALVIN S 500 FAIRWAY DR DEERFIELD BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shoemaker Calvin S. PO Box 8627 Deerfield Beach FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, C. SHELTON 500 FAIRWAY DR DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV OESTERLING, ROGER 500 FAIRWAY DR DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRER, GARY 500 FAIRWAY DR DEERFIELD BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRER GARY PO BOX 8627 Deerfield Beach FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Mar 02

Date

954-629-2555

Daytime Phone #

CR2E034 (9/01)