

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34449

1. Entity Name
SKY RIDERS, INC.



Principal Place of Business
**% JOHN G. DRAGONAS
1060 COCOANUT ROAD
BOCA RATON, FL 33432-7631**

Mailing Address
**% JOHN G. DRAGONAS
1060 COCOANUT ROAD
BOCA RATON, FL 33432-7631**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0199942

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAGONAS, JOHN G.
1060 COCOANUT ROAD
BOCA RATON, FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NEW UBR FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable To Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DRAGONAS, JOHN G.**
STREET ADDRESS **1060 COCOANUT ROAD**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE ☐ Change ☐ Addition
NAME **200021270802**
STREET ADDRESS **07/02/03--01038--002**
CITY-ST-ZIP ****158.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John G. Dragonas / **JOHN G. DRAGONAS** 4/11/03 561-392-4094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE034 (10/02)

217

JOHN G. DRAGONAS

1060 Cocoanut Road
Boca Raton, Florida 33432
(561) 392-4094

June 26, 2003

Ms. Eula Peterson
Reinstatement Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

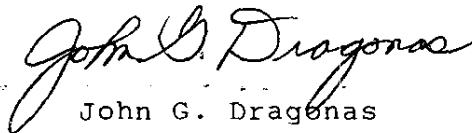
RE: Sky Riders, Inc.

Dear Ms. Peterson:

Thank you very much for the information and courtesy that you extended in our telephone conversation today. As we discussed, I did not receive a 2003 Uniform Business Report form.

As per your instructions, I downloaded a For Profit Corporation form on the Department of State's web site, completed it and am forwarding it to your attention immediately, along with my check which I had written previously but could not submit without a form. Unfortunately I was out of state for a lengthy period and could not address this matter sooner. It would be very much appreciated if this report could be processed without penalty. Thank you.

Sincerely,


John G. Dragonas