

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90093 022 ***150.00

0094648 AT

DOCUMENT # **M66086**

1. Entity Name

SKINNER HORIZONTAL UTILITIES SERVICE, INC.

Principal Place of Business

1350 E MACLENNY AVE
MACLENNY FL 32063
US

Mailing Address

P O BOX 209
BRYCEVILLE FL 32009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865997

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

LARRY DOUGLAS SKINNER
RT 1 BOX 610
CR 121
BRYCEVILLE FL 32009

Name **Larry Douglas Skinner**

Street Address (P.O. Box Number is Not Acceptable)
9841 CR 121

City **Bryceville,** **FL** Zip Code **32009**

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

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

(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.
 (See criteria on back) ☐

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	P SKINNER, LARRY DOUGLAS RT 1 BOX 610 BRYCEVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Skinner, Larry Douglas 9841 CR 121 Bryceville, FL 32009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKINNER, FRANCES REBECCA RT 1 BOX 610, CR 121 BRYCEVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Skinner, Frances Rebecca 9841 CR 121 Bryceville, FL 32009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)