2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66086

1. Entity Name

SKINNER HORIZONTAL UTILITIES SERVICE, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90137 002 ***150.00

Principal Place of Business	
1350 E MACCLENNY AVE	

1350 E MACCLENNY AVE MACCLENNY FL 32063 US

SIGNATURE:

Mailing Address P O BOX 209

BRYCEVILLE FL 32009

HS

		n ta 20 - Autoloone		-	
	E Mac Long Au	3. Mailing Address 3. 1009 8 59	W 69+	4 Steel	
Suite, Apt.	\	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	E	4. FEI Number 59-2865997 Applied For Not Applicable	
+4		KAMPTON	, ! ~		
3 2	B Country	32044	<u>Country</u>	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
SKINNER, LARRY DOUGLAS Street Address (P.O. Box Nomber is Not Acceptable) STREET Address (P.O. Box Nomber is Not Acceptable) STREET Address (P.O. Box Nomber is Not Acceptable)					
BRYCEVIL	LE FL 32009				
			City	HAMPTON FL 30044	
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 _				use required when reinstating) DATE	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signatu	ure required when reinstating) DATE	
FILE NOW!!! 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. Added to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKINNER, LARRY DOUGLAS 9841 C R 121 BRYCEVILLE FL 32009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKINNER, FRANCES REBECCA 9841 CR 121 BRYCEVILLE FL 32009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Change Addition Skinner, Frances Rebecca 10098 SW 69th Street Hampton, F1 32044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second of th	☐ Delete	TITLE NAME STREET ADDRESS** CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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					