

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90011 024 ***150.00

DOCUMENT # M88083

1. Entity Name

B.F. SKIFF, INC.

Principal Place of Business

Mailing Address

1070 E. INDIANTOWN ROAD
 SUITE 208
 JUPITER FL 33477

1070 E. INDIANTOWN ROAD
 SUITE 208
 JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

3551 SW Corp. Parkway
 Suite, Apt. #, etc.

3551 SW Corp Parkway
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0060770

Applied For

Not Applicable

Zip 34990
~~34999~~

Country USA

Zip 34990

Country USA

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

WHITMER, LISA
 1070 E. INDIANTOWN RD
 #208
 JUPITER FL 33477

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WILKENS, IRENE R	
STREET ADDRESS	18147 SE RIDGEVIEW DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILKENS, BRADLEY D	
STREET ADDRESS	1070 E. INDIANTOWN ROAD STE 208	
CITY-ST-ZIP	JUPITER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILKENS, FLOYD D JR	
STREET ADDRESS	4634 N UNIVERSITY DR	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bradley D. Wilkens Bradley D. Wilkens

Date

Daytime Phone #

CR2E034 (10/00)