

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000007139**

1. Entity Name

**SKYLIGHTERS RESCUE SQUADRON OF NEW SMYRNA BEACH  
INC.**

Principal Place of Business

**505 SKYLINE DR.  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**P.O. BOX 2813  
NEW SMYRNA BEACH FL 32170**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FFI Number

**33-0993824**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHADWICK, JOHN  
2560 TIFFANY DR.  
NEW SMYRNA BEACH FL 32168**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHADWICK, JOHN	
STREET ADDRESS	2560 TIFFANY DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHADWICK, PATRICIA	
STREET ADDRESS	2560 TIFFANY DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	TD	<input type="checkbox"/> Delete
NAME	LANCELOTTA, MELISSA	
STREET ADDRESS	2923 OAK TREE	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, DEBBRA	
STREET ADDRESS	108A HAMILTON RD.	
CITY-ST-ZIP	EDGEWATER FL 32141	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon R. Randolph	
STREET ADDRESS	1825 Edgewater Canal Rd	
CITY-ST-ZIP	New Smyrna Beach FL 32168	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 617, 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-2002 386-409-9700**

Date

Daytime Phone #

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90195 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DEPARTMENT OF STATE**

CR2037 (9/01)