

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38932

1. Entity Name

SKYDANCER PRESS INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90003 034 ****61.25

Principal Place of Business

2600 S OCEAN BLVD
14C
BOCA RATON FL 33432
US

Mailing Address

2600 S OCEAN BLVD
14C
BOCA RATON FL 33432-8421
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

65-0207754

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

KAYE, JOAN
2600 S OCEAN BLVD
14C
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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP KAYE, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	2600 S OCEAN BLVD, 14C	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE NAME	DS ASH, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	1441 BRANDYWINE RD #700J	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE NAME	DV DARCY, DANIEL J.	<input type="checkbox"/> Delete
STREET ADDRESS	1319 D POST OAK PARK	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	DT RADDOCK, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	3301 S OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Joan Kaye* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000 561 368
Date Daytime Phone # 1457

CR2E037 (9/99)