

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38932

1. Entity Name

SKYDANCER PRESS INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90195 019 ****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
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 *Joan Kaye* March 8, 2002
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	DP	<input type="checkbox"/> Delete
NAME	KAYE, JOAN	
STREET ADDRESS	2600 S OCEAN BLVD, 14C	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ASH, NANCY	
STREET ADDRESS	1441 BRANDYWINE RD #700J	
CITY-ST-ZIP	WEST-PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DARCY, DANIEL J.	
STREET ADDRESS	1319 D POST OAK PARK	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RADDOCK, SHARON	
STREET ADDRESS	3301 S OCEAN BOULEVARD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
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		
STREET ADDRESS		
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		

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 President* March 8, 2002

CR2E037 (9/01)