

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 020 ****61.25

DOCUMENT # N97000000125

1. Entity Name

S.K.B., INC.

Principal Place of Business

Mailing Address

C/O PHILIP W. MAY
1202-6 CROSS CREEK WAY
TALLAHASSEE FL ~~32315~~ 32301

C/O PHILIP W. MAY
1202-6 CROSS CREEK WAY
TALLAHASSEE FL ~~32315~~ 32301

00047287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

32301

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

MAY, PHILIP W
C/O PHILIP W. MAY
1202-6 CROSS CREEK WAY
TALLAHASSEE FL ~~32315~~ 32301

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 PD
NAME WALKER, TALLEY
STREET ADDRESS 1670 VINEYARD WAY
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MITCHELL, DELORIS
STREET ADDRESS 1871 VINELAND DR.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LONG, JOHNNY
STREET ADDRESS 3827 LONGFORD DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)