## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000011714 1. Entity Name SKYTOYS, INC. 04-14-2001 90007 020 \*\*\*150.00 Principal Place of Business Mailing Address 476 N. WILLIAMS AVE. 476 N. WILLIAMS AVE. TITUSVILLE FL 32796 TITUSVILLE FL 32796 3. Mailing Address 2. Principal Place of Business 1302 Engran Rol 6302 Engram Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3623280 New Smyrna beach Jew Smyrna Not Applicable -Country -= \$8:75 Additional ~ 5. Certificate of Status Desired USA 32169 usa32609 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent de Jesus (last) jeanice (first ) JESUS, JEANICE DE Street Address (P.O. Box Number is Not Acceptable) 4302 Engram 476 N. WILLIAMS AVE. TITUSVILLE FL 32796 City New Smyrna Beach zip Cod (109 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 (NOTE: Registered Agent signature required when reinstating) DATE d or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Change Addition ☐ Delete TITLE TITLE D NAME NAME DOLAN, JOSHUA 6302 Engram Rd STREET ADDRESS STREET ADDRESS 476 N. WILLIAMS AVE. New Smyrna Beach, FL 32169 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796. Jeanice (first) de Jesus Clast) Change ☐ Addition TITLE Delete TITLE D NAME NAME Jesus, Jeanice 1802 Engram Rd STREET ADDRESS STREET ADDRESS 476 N. WILLIAMS AVE. New smyrna Beach, FL 32169 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

rance de SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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