

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-29-2001 90203 013 ***150.00

DOCUMENT # P00000044032

1. Entity Name

BLUE SKY FINANCIAL SERVICES, INC.

Principal Place of Business

**6945 SOUTHWEST HIGHWAY 200
 Ocala FL 34476**

Mailing Address

**6945 SOUTHWEST HIGHWAY 200
 Ocala FL 34476**

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

#59-3654719

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

**COOPER, MICHAEL J
 321 NORTHWEST THIRD AVENUE
 Ocala FL 34475**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001: Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTELLI, LEONARDO	
STREET ADDRESS	13750 SOUTHWEST STATE ROAD 200	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESBIRO, CHRISTOPHER	
STREET ADDRESS	6 ROEBLING COURT	
CITY-ST-ZIP	LEONARDO NJ 07737	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESBIRO, LUCY ANN	
STREET ADDRESS	6 ROEBLING COURT	
CITY-ST-ZIP	LEONARDO NJ 07737	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Leonardo Martelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)