2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P00000051330 1. Entity Name SKY'S THE LIMIT WINDOW CLEANING, INC. 04-02-2001 90313 017 ***150.00 Principal Place of Business Mailing Address C/O MENDIGUREN, SPRING & ASSOCIATES, P.A. C/O MENDIGUREN, SPRING & ASSOCIATES, P.A.^c 6301 NW 5TH WAY, SUITE 3600 6301 NW 5TH WAY, SUITE 3600 0.0000000FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address -11096-52<u>19</u> -Road--N 11096-5 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>Koval</u> 65-1002835 Not Applicable Soyal \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNER, MARC S Street Address (P.O. Box Number is Not Acceptable) 6301 NW 5TH WAY, SUITE 3600 FT LAUDERDALE FL 33309 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** Change TITLE TITLE Delete TANNER, MARC S NAME NAME 52" Road North STREET ADDRESS 6301 NW 5TH WAY, SUITE 3600 STREET ADDRESS Palm Beach CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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.

Daytime Phone #