

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90075 011 ***150.00

0506755 AV

DOCUMENT # P00000054646

1. Entity Name
SKYSTED, INC.

Principal Place of Business
~~466 CROSSFIELD CIRCLE~~
~~NAPLES FL 34104~~
~~US~~

Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 AVIATION DR. N

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 6

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

Zip
34104

Country
USA

Zip

Country

4. FEI Number
52-2248265

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

AMBURN, JAMES W
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

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 _____ (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, 2002 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 **PT** ☐ Delete
 NAME **STURM, CARSTEN**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
 NAME **466 Crossfield Circle**
 STREET ADDRESS **Naples, FL 34104**
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **SCHERF, BETTINA**
 STREET ADDRESS **28000 SPANISH WELLS BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
 NAME **466 Crossfield Circle**
 STREET ADDRESS **Naples, FL 34104**
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE **Carsten Sturm**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-02

Date

Daytime Phone #

CR2E034 (9/01)