

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000054646

FILED
Jan 13, 2003
Secretary of State

Entity Name: SKYSTEAD, INC.

Current Principal Place of Business:

200 AVIATION DR N
SUITE #6
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O CHASTANG, FERRELL, SIMS & EISERMAN LLC
4001 TAMIAMI TRAIL NORTH, SUITE 285
NAPLES, FL 34103

New Mailing Address:

FEI Number: 52-2248265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, KYLE N
% CHASTANG, FERRELL, SIMS & EISERMAN, LLC
4001 TAMIAMI TRAIL N., SUITE 285
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: STURM, CARSTEN
Address: 466 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: VS () Delete
Name: SCHERF, BETTINA
Address: 466 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARSTEN STURM

PT

01/13/2003

Electronic Signature of Signing Officer or Director

Date