

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 037 ***150.00

DOCUMENT # **P00000059892**

1. Entity Name

SKYFLYS INDUSTRIES, INC

DO NOT WRITE IN THIS SPACE

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

593904837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JULIAN W. ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

1710 LOUISE AVE

City

PANAMA CITY

FL

Zip Code

32401

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

X Julian Wayne Roberts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERTS, BRIAN PAUL 316 BRANDYWINE BLVD. THIBODAUX, LA 70301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERTS, JULIAN WAYNE 1706 LOUISE AVE PANAMA CITY, FLA 32401
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

X Julian Wayne Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

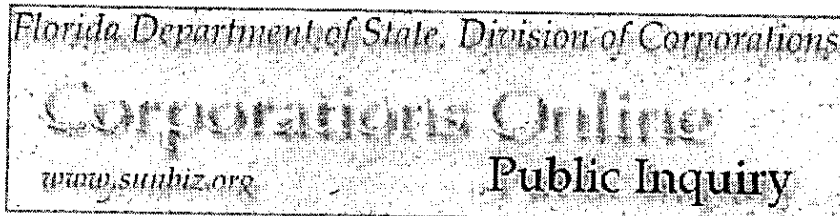
4/30/02

Date

850-769-7300

Daytime Phone #

CR20034B (12/01)



Florida Profit

SKYFLYS INDUSTRIES, INC.

PRINCIPAL ADDRESS

1710 LOUISE AVE.
PANAMA CITY FL 32401

MAILING ADDRESS

1710 LOUISE AVE.
PANAMA CITY FL 32401

Document Number

P00000059892

FEI Number

593904837

Date Filed

06/15/2000

State

FL

Status

ACTIVE

Effective Date

NONE

Registered Agent

Name & Address
ROBERTS, JULIAN W 1706 LOUISE AVE. PANAMA CITY FL 32401

Officer/Director Detail

Name & Address	Title
ROBERTS, BRIAN P 316 BRANDYWINE BLVD. THIBODAUX LA 70301	D
ROBERTS, PAM 316 BRANDYWINE BLVD. THIBODAUX LA 70301	D
ROBERTS, JULIAN W 1706 LOUISE AVE. PANAMA CITY FL 32401	D