

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90179 016 ***150.00

C-1702

DOCUMENT # P00000070899

1. Entity Name
SKYWAYS, INC.

Principal Place of Business
**2094 ROOKERY BAY DRIVE APT 2806
 NAPLES FL 34114**

Mailing Address
**2094 ROOKERY BAY DRIVE APT 2806
 NAPLES FL 34114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
401 NE Mizner Blvd.

Suite, Apt. #, etc.
Apt. T-301

City & State
Boca Raton, FL

Zip
33432

Country
US

3. Mailing Address
401 NE Mizner Blvd.

Suite, Apt. #, etc.
Apt. T-301

City & State
Boca Raton, FL

Zip
33432

Country
US

4. FEI Number
59-3660819

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAURER, JEFFREY D II
 2094 ROOKERY BAY DRIVE APT 2806
 NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **Maurer, Jeffrey D. II**
 Street Address (P.O. Box Number is Not Acceptable)

401 NE Mizner Blvd. Apt. T-301
 City **Boca Raton, FL** Zip Code **33432**

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

TITLE **D** ☐ Delete
 NAME **MAURER, JEFFREY D II**
 STREET ADDRESS **2094 ROOKERY BAY DRIVE APT 2806**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Maurer, Jeffrey D II**
 STREET ADDRESS **401 NE Mizner Blvd. Apt. T-301**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Jeffrey D. Maurer II** **3/20/2001** **561-362-7843**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)