

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90004 017 ***150.00

DOCUMENT # P00000073804

1. Entity Name

SKYLINK SOLUTIONS INC.

Principal Place of Business

7611 DAVIE RD. EXTENSION
HOLLYWOOD FL 33024

Mailing Address

7611 DAVIE RD. EXTENSION
HOLLYWOOD FL 33024

2. Principal Place of Business

271 Live Oaks Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Bldg. 6

City & State

Casselberry, FL

Zip

32707

Country

USA

Country

4. FEI Number

65-1027094

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, COURTNEY
7611 DAVIE RD. EXTENSION
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Anne Kane

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

207 Altamonte Bay Club Cir. #212

City

Altamonte Springs

FL

Zip Code

32701

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 ANNE KANE

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

(NOTE: Registered Agent signature required when reinstating)

Anne Kane

032201

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 RICHES, SCOTT C
STREET ADDRESS 404 S.E. 23RD ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 V ☐ Change ☐ Addition
NAME Anne Kane
STREET ADDRESS 207 Altamonte Bay Club Cir. #212
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE M. ☐ Change ☐ Addition
NAME Harry Williams
STREET ADDRESS 6458 Redwood Oaks dr.
CITY-ST-ZIP Orlando, FL 32818

TITLE T. ☐ Change ☐ Addition
NAME Richard Riches
STREET ADDRESS 1830 Whitney Way Apt. #102
CITY-ST-ZIP Winter Park, FL 32792

TITLE P ☐ Change ☐ Addition
NAME Scott C. Riches
STREET ADDRESS 271 LIVE OAKS BLVD.
CITY-ST-ZIP Casselberry, FL 32707

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Riches

3/22/01

Date

407-831-3570

Daytime Phone #

CR2E034 (10/00)