

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 001 ***150.00

DOCUMENT # *P00000087259*

1. Entity Name

Skymples Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

404 VAN REED MANOR

Suite, Apt. #, etc.

3. Mailing Address

PO Box 87259

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brandon FL

City & State

Tampa FL

4. FEI Number

59-3671111

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33689

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARBARA Smith

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

404 VAN REED MANOR DRIVE

City

Brandon FL

FL

Zip Code

33511

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

Barbara Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ 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	<i>PRESIDENT BARBARA Smith 404 VAN REED MANOR DRIVE BRANDON FL 33511</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR STEVE LA GARDIA 404 VAN REED MANOR DRIVE BRANDON FL 33511</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barbara Smith Barbara Smith Pres. 4/29/02 813-643-2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)