

3/13.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-13-2002 90131 046 ***150.00

DOCUMENT # P01000021603

1. Entity Name

SKY DOLLARS, INC.

Principal Place of Business
 610 JASMINE RD.
 ALTAMONTE SPRINGS FL 32701

Mailing Address
 610 JASMINE RD.
 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business
 ALTAMONTE SPRINGS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

altamonte springs

Zip

32701

Country

Zip

32701

Country

4. FEI Number

59-3701985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANUS, FRED CPA
 4819 SHORELINE CIR.
 SANFORD FL 32771

Name

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

City

FL

Zip Code

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 FRED NANUS CPAFred Nanus2/27/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P BORRERO, JOSE L ☐ Delete
 NAME
 STREET ADDRESS 610 JASMINE RD.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE S MAURISSA BORRERO ☐ Delete
 NAME
 STREET ADDRESS 610 JASMINE RD
 CITY-ST-ZIP ALTAMONTE SPRINGS

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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:

J.L. BORRERO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.L. BORRERO

MD - 01/16/02 407 3310042
 Date Daytime Phone #

CR2E034 (9/01)