

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91426 049 ***150.00

DOCUMENT # P01000037970

1. Entity Name
SKY'S UNLIMITED, INC.



Principal Place of Business
**5340 MAUI LANE
ORLANDO FL 32812**

Mailing Address
**5340 MAUI LANE
ORLANDO FL 32812**

2. Principal Place of Business

**PO Box 530061
ORLANDO FL 32853**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1615548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATFIELD, MICHAEL A
5340 MAUI LANE
ORLANDO FL 32812**

Name
VANDERMADE, GERARDUS
Street Address (P.O. Box Number is Not Acceptable)
201 S. ORANGE AVE, SUITE 910
City
ORLANDO FL Zip Code
32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerardus Van der Made* **GERARDUS VAN DER MADE** **4-25-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HATFIELD, MICHAEL A**
CITY-ST-ZIP **1775 RED CEDAR DR #10
FT MYERS FL 33907**

TITLE ☒ Change ☐ Addition
NAME **GERARDUS, VANDERMADE**
STREET ADDRESS **201 S. ORANGE AVE, SUITE 910**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Gerardus Van der Made* **SIGNATURE REQUIRED**

4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GERARDUS VAN DER MADE** Date Daytime Phone #

CR2E034 (10/02)