

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-10-2002 90009 049 ***150.00

DOCUMENT # PO1000067081

1. Entity Name

SKY INDUSTRIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3917 N.W. 88th TERRACE

Suite, Apt. #, etc.

3. Mailing Address

3917 N.W. 88th TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

Zip

33065

Country

City & State

CORAL SPRINGS FL

Zip

33065

Country

4. FEI Number

65-1132902

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

JOSEPH SCOTT

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

3917 N.W. 88th TERRACE

City

CORAL SPRING

FL

Zip Code

33065

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)

4/27/02
DATE9. 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 PRS
NAME GREGA SCOTT
STREET ADDRESS 3917 N.W. 88th TERRACE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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DO NOT WRITE
IN THIS SPACE

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:

GREGA SCOTT

GREGA SCOTT

4/27/02

954-497-5297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone