

FILED  
Sep 08, 2002 8:00 am  
Secretary of State

09-08-2002 90051 048 \*\*\*150.00

2002 FOR PROFIT CORPORATION 2002  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000112222

1. Entity Name

SKYWALKER TRANSPORT, INC.

B0136002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7733 BURNT OAK TRAIL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 550612

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3758629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK SUTTON

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

7733 BURNT OAK TRAIL

City

JACKSONVILLE

FL

Zip Code

32255

DO NOT WRITE  
IN THIS SPACE

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

*ML Sutton*

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

(NOTE: Registered Agent signature required when reinstating)

9/2/02

DATE

9. 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	President, Director
NAME	MARK SUTTON
STREET ADDRESS	7733 BURNT OAK TRAIL
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	Vice President, Director
NAME	DANA SUTTON
STREET ADDRESS	7733 BURNT OAK TRAIL
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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:

*ML Sutton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/02

DATE

904-996-9007

DAYTIME PHONE #

CR2E034B (12/01)

*Attachment*

SKYWALKER TRANSPORT, INC

*PO1 000 112222*

PH. 904-996-9007

P.O. BOX 550612

JACKSONVILLE, FL. 32255

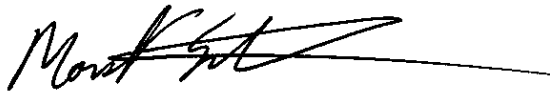
September 4, 2002

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORTS  
REINSTATEMENTS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Dear Sirs:

We did not receive the Uniform Business Report for 2002. Please find a properly filled out UBR for 2002. Included in this letter there is a check attached for \$150 dollars. We ask that you waive any late fees in that we did not receive the original UBR anyway. That you for your consideration in this matter.

Cordially,



Mark Sutton  
President  
Skywalker Transport, Inc.