04/25/2003 15:55 9414587815 JOHN G PAUL

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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91518 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118250

1. Entity Name
SKY HIGH BACKGROUNDS, INC.

Principal Place of Business	Mailing Address
2595 PINE STREET MATLACHA, FL 33993	2595 PINE STREET MATLACHA, FL 33993

X☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2950 MCCANN STREET		2950 MCCANN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33901	Country: USA	Zip: 33901	Country: USA

4. FEI Number: 03-0381558 ☐ 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
SNOW, JOHN M 2595 PINE STREET MATLACHA, FL 33993	Name: SNOW, JOHN M. Street Address (P.O. Box Number is Not Acceptable): 2950 MCCANN STREET City: FORT MYERS FL Zip Code: 33901

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 JOHN M. SNOW, PRESIDENT 04/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, JOHN M 2595 PINE STREET MATLACHA, FL 33993	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P SNOW, JOHN M. 2950 MCCANN STREET FORT MYERS, FL 33901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, JENNIFER A 2595 PINE STREET MATLACHA, FL 33993	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S T SNOW, JENNIFER A. 2950 MCCANN STREET FORT MYERS, FL 33901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: JOHN M. SNOW, PRES. 04/25/03 (239) 334-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)