

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90107 045 ***155.00

DOCUMENT # P02000022308

1. Entity Name
SKYE GROUP INC.



Principal Place of Business
**1813 SW 17 PL
CAPE CORAL FL 33991
US**

Mailing Address
**1813 SW 17 PL
CAPE CORAL FL 33991
US**



2. Principal Place of Business

3. Mailing Address

5780 Youngquist Rd
Suite, Apt. #, etc. **#2**

5780 Youngquist Rd
Suite, Apt. #, etc. **2**

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS

City & State
FT MYERS

4. FEI Number
04-3608317

Applied For
☐ Not Applicable

Zip
33912 Country
LEE

Zip
33912 Country
LEE

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

**SKYE, ALLISON
1813 SW 17 PL
CAPE CORAL FL 33991**

Name **VADIM SKYE**
Street Address (P.O. Box Number is Not Acceptable)
5780 Youngquist Rd
#2
City **FT MYERS** FL Zip Code **33912**

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 **VADIM SKYE** **VADIM SKYE, PRESIDENT** 1-21-03
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	D	<input type="checkbox"/> Delete
NAME	SKYE, ALLISON	
STREET ADDRESS	1813 SW 17 PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VADIM SKYE	
STREET ADDRESS	1813 SW 17 PL	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: **VADIM SKYE** **VADIM SKYE** 1-21-03 239-482-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)