2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP -8 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057439

1. Entity Name
SKEFFINGTON IMPORTS, INC.

Principal Place of Business	Mailing Address
6831 B MILITARY TRAIL WEST PALM BEACH, FL 33407	6831 B MILITARY TRAIL WEST PALM BEACH, FL 33407

[x] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4152 W.Blue Heron Blvd	4152 W.Blue Heron Blvd
Suite, Apt. #, etc.: Ste 116	Suite, Apt. #, etc.: Ste 116
City & State: Riviera Bch, FL	City & State: Riviera Bch., FL
Zip: 33404 Country: USA	Zip: 33404 Country: USA

4. FEI Number: 522264376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [x] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKEFFINGTON, JOHN
6831 B MILITARY TRAIL
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name: Hillary H. Gulden, Esq.PA
Street Address (P.O. Box Number is Not Acceptable): 4152 W.Blue Heron Blvd., Ste 116
City: Riviera Beach FL Zip Code: 33404

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: [signature] Hillary H. Gulden, Pres. 9/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE ON OR BEFORE MAY 1, 2003 ... after May 1, 2003 ... Amended UBRs ... 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SKEFFINGTON, JOHN 6831 B MILITARY TRAIL WEST PALM BEACH, FL 33407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Skeffington, John 1055 Gator Tr. WPB, [x] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Skeffington, Joei 1055 Gator Tr., WPB, ☐ Change [x] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300022828923 09/08/03--01089--010 **550.00 ☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #