

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90142 019 \*\*\*158.75

**DOCUMENT # P02000099564**

1. Entity Name  
**EARTH AND SKY, INC.**



Principal Place of Business  
**3814 FALCON RIDGE CIRCLE  
WESTON FL 33331**

Mailing Address  
**3814 FALCON RIDGE CIRCLE  
WESTON FL 33331**

2. Principal Place of Business

3. Mailing Address  
**S NE 7 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Delray Beach, Fl.**

Zip

Country

Zip

Country

**33444**

**Palm Beach**

4. FEI Number

**54-2071974**

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

**MEDINA, ROBERT  
3814 FALCON RIDGE CIRCLE  
WESTON FL 33331**

Name  
**Freddy Loffsner**

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

**3814 Falcon Ridge Circle**

City  
**Weston**

**FL**

Zip Code  
**33331**

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

(NOTE: Registered Agent signature required when reinstating)

**02/05/03**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V LOFFSNER, FREDDY  
3814 FALCON RIDGE CIRCLE  
WESTON FL 33331**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S/T  
Freddy Loffsner  
3814 Falcon Ridge Circle  
Weston, Fl. 33331**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

**Freddy Loffsner**

**P/S/T**

**02-05/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)