

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90211 012 \*\*\*150.00

DOCUMENT # **P02000113222**  
1. Entity Name  
**SKYLINE BUILDERS GROUP, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6150 STATE ROAD 70 EAST**  
Suite, Apt. #, etc.

3. Mailing Address  
**6150 STATE ROAD 70 EAST**  
Suite, Apt. #, etc.

11000000

DO NOT WRITE IN THIS SPACE

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

4. FEI Number  
**05-0536877**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City  
**34203**

Country  
**MINNETEE**

City  
**34203**

Country  
**MINNETEE**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**STANLEY J SABUK**

Street Address (P.O. Box Number is Not Acceptable)  
**502 SOUTH JESSICA ST**

City  
**NOKOMIS**

FL  
**34275**

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 **Stanley Sabuk** DATE **4.30.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR STANLEY J SABUK 502 SOUTH JESSICA ST NOKOMIS, FL 34275</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR VAN BALAM 7916 213TH ST EAST BRADENTON, FL 34202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Stanley Sabuk** DATE **4.30.03** DAYTIME PHONE # **941-704-3874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)