

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90161 049 ***158.75

DOCUMENT # P40465

1. Entity Name

SKYLER MISSISSIPPI, INC.

Principal Place of Business

Mailing Address

125 W ROMANA ST
STE 400
PENSACOLA FL 32501
US

125 W ROMANA ST
SUITE 400
PENSACOLA FL 32501-5848
US

711602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0785288

Not

5. Certificate of Status Desired

\$8.75
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	TREHERN, W. EDWARD	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
D	HOLLOWAY, J.L.	125 W ROMANA ST, STE 400	PENSACOLA FL 32501	<input type="checkbox"/>
D	WILLIAMS, ROY G	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
S	FOSTER, DANA R	125 W ROMANA ST, STE 400	PENSACOLA FL 32501	<input type="checkbox"/>
P	BELL, SCOTT	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>
T	TOLAN, JOHN J JR	125 W ROMANA ST, STE 400	PENSACOLA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 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 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG SCOTT J. BEU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

Date

850-492

Daytime Phone #