2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P92000015413

1. Entity Name

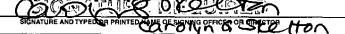


FILED Apr 08, 2003 8:00 am Secretary of State 04-08-2003 90101 025 ***150.00

| SKELTON, INC. | | | | | | | 0100 2005 30101 0 | 23 130 | ,,,,, | |
|--|--|----------------------|--|-------------------------------|--|---|--|--------------------------|------------------------|--|
| Principal Place of Business 6251 NW 82 CT CHIEFLAND FL 32626 US | | 6251 N | Mailing Address 6251 NW 82 CT CHIEFLAND FL 32626 US | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Star | ce . | City | City & State | | | 4. FEI Number 59-3158178 Applied For Not Applicable | | | | |
| Zip Country | | Zip | Zip | | Country | | tificate of Status Desired | \$8.75 Ad Fee Require | ditional | |
| | 6. Name and Address of Curre | nt Registere | ed Agent | | | 7. Nar | ne and Address of New Registered | Agent | | |
| · | | | | | Name | - | , nandro — Pikanah inawa isaniiwa: K | | | |
| 6251 NW 8 | Carolyn G 32 CT D Fl 32626 | | | | Street Address (| P.O. Box | Number is Not Acceptable) | | \ | |
| *. | | | | | City | | FL | Zip Coc | de | |
| | tions of registered agent. | | | | | | , or both, in the State of Florida. I am | familiar with, | and accept | |
| | Signature, typed or printed name of registered age | ant and title if app | olicable (NOT | E: Registere | d Agent signature required | when reinsta | ating) DATE | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department | | | | | | 9. Election Campaign Financing Trust Fund Contribution. [] | | 00 May Be d to Fees | |
| 10. OFFICERS AND DIRECTO | | | ORS 11. | | | ADDI | TIONS/CHANGES TO OFFICERS ANI | DIRECTOR | S IN 11 | |
| STREET ADDRESS | P SKELTON, RONALD D 6251 NW 82 CT CHIEFLAND FL | | ☐ Delete | | | | | ☐ Change | Addition | |
| | st Skelton, Carolyn G 6251 NW 82 CT Chiefland Fl | | ☐ Delete | • | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | and the second s | نت منحدید | ☐ Delete | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Daren e serv | چې د الله الله الله الله الله الله الله ال | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | l l | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | partify that the information cupolied w | this day of | ☐ Delete | TITLE NAMI STRE CITY | | | | ☐ Change | Addition | |

I nereby 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:



3524930210