

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 026 ***150.00

0035487 AV

DOCUMENT # P93000044397

1. Entity Name

SKILLS MANAGEMENT, INC.



Principal Place of Business

**8621 N.W. 27TH COURT
CORAL SPRINGS FL 33065
US**

Mailing Address

**10619 W ATLANTIC BLVD
PMB 225
CORAL SPRINGS FL 33071
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0419391

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

**MICHAUD, ROBERT A
8621 N.W. 27TH COURT
CORAL SPRINGS FL 33065**

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. 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)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
NAME **PTD**
STREET ADDRESS **MICHAUD, ROBERT A**
CITY-ST-ZIP **8621 N.W. 27TH COURT
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **MICHAUD, ELINOR M**
CITY-ST-ZIP **8621 N.W. 27TH COURT
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert A. Michaud
Robert A. Michaud

7/24/03
Date

954-752-6667
Daytime Phone #

CR2E034 (4/03)

Attachment

90146153

P93000044397



Skills Management, Inc.

July 21, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Subject: 2003 Uniform Business Report

To Whom It May Concern:

Skills Management, Inc. FEI Number 65-0419391, has received notice that the corporation will be administratively dissolved/revoked if the 2003 Uniform Business Report is not properly filed by September 10, 2003.

This letter is to notify you that the corporation did not, earlier in the year, receive notice of the need to file the report.

I understand that the late fee of \$400.00 for filing this report will be waived, provided that the report and the original filing fee of \$150.00, as well as a letter stating that the corporation did not receive prior notice, are submitted prior to September 10, 2003.

Accordingly, I am submitting the 2003 Uniform Business Report, Document # P93000044397, accompanied by our corporate check for \$150.00, to satisfy our obligation. We appreciate the opportunity to complete the filing at this time and apologize for the unintended late filing.

Thank you for your time and consideration.

Sincerely,

Robert A. Michaud
President