

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90848 016 ***150.00

0040384 AV

DOCUMENT # **P93000057471**



1. Entity Name
SKR ADVERTISING AND DESIGN, INC.

| | |
|---|---|
| Principal Place of Business 3030 HARTLEY RD SUITE 350 JACKSONVILLE FL 32257 | Mailing Address 3030 HARTLEY RD SUITE 350 JACKSONVILLE FL 32257 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business 1330 Wentworth Ave | 3. Mailing Address 1330 Wentworth Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| City & State Jacksonville, FL | City & State Jacksonville FL |
| Zip 32259 Country USA | Zip 32259 Country USA |

4. FEI Number **59-3199658** Applied For Not Applicable

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

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ROACH, SHERYL K 3030 HARTLEY RD SUITE 350 JACKSONVILLE FL 32257 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1330 Wentworth Ave City Jacksonville FL Zip Code 32259 |
|---|--|

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 *Sheryl Roach* DATE 2/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P ROACH, SHERYL K 1830 WENTWORTH AVENUE JACKSONVILLE FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1330 Wentworth Avenue |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)