

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90111 048 ***150.00

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DOCUMENT # P93000079149

1. Entity Name
SKM, INC.

Principal Place of Business
611 PROSPECT AVE., SOUTH
CLEARWATER FL 34616

Mailing Address
133 GARDEN AVE. N.
~~**SUITE 100**~~
CLEARWATER FL 33755
US

(LA)

110010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NONE

City & State

City & State

4. FEI Number **59-3210365**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LETTAU, KATHLEEN E
PERFECTLY BALANCED BOOKS
133 GARDEN AVE. N.
CLEARWATER FL 33755

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 reinstalling)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MUELLER, KIRSTEN**
 STREET ADDRESS **855 ELDORADO AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34630**

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

TITLE **D** ☐ Delete
 NAME **MUELLER, THOMAS**
 STREET ADDRESS **855 ELDORADO AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34630**

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Kathleen E Lettau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P93000079149

A0076753

Perfectly
BALANCED
BOOKS



Complete Accounting Services

July 6, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: SKM, Inc. FEIN: 59-3210365

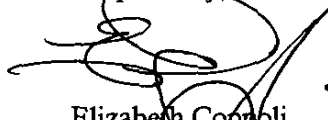
Dear Sir or Madam,

Enclosed is a check in the amount of \$150.00 for the Uniform Business Report for the year 2001.

We are requesting that the penalty portion of this be waived. As this is an accounting firm, we get many of these for our various clients and to the best of my recall, none came for SKM, Inc. In addition, because that is a busy time of year, this missing form must have slipped through the cracks because we always try to make sure that we file and pay the proper forms in a timely manner.

Please let me know if there is anything else you may need in order to fulfill our request.

Respectfully,


Elizabeth Coppoli
Account Executive