

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90173 043 ***150.00

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 103
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

611 DRUM RD E
Suite, Apt. #, etc. 403

611 DRUM RD E
Suite, Apt. #, etc. 403

City & State
Clearwater, FL

City & State
Clearwater FL

4. FEI Number 59-3210365

Applied For
Not Applicable

Zip 33756 Country USA

Zip 33756 Country USA

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)

611 DRUM RD E #403

City

FL

Zip Code

33756

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 \$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 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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-03

CR2E034 (10/02)