

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90250 015 \*\*\*150.00

DOCUMENT # 16-03-269371-18-1

1. Entity Name  
SKY POINT DISTRIBUTORS, INC.  
D94000031072



**DO NOT WRITE IN THIS SPACE**

11017486

2. Principal Place of Business  
2100 So. OCEAN DR.  
Suite, Apt. #, etc.  
15L  
City & State  
FORT LAUDERDALE, FL  
Zip  
33316 Country  
U.S.A

3. Mailing Address  
SAME  
SAME  
City & State  
SAME  
Zip  
SAME Country  
SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0486259

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JESSE R. McCoy

Street Address (P.O. Box Number is Not Acceptable)  
2100 So. OCEAN DR.

City  
FT. LAUDERDALE, FL Zip Code  
33316

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 Jesse R. McCoy U.P. JESSE R. McCoy - U.P. DATE 4-22-2003

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT = P</u> <u>SUSAN A. PURCELL - McCoy</u> <u>2100 S. OCEAN DR #15L</u> <u>FT. LAUDERDALE, FL 33316</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. SALES =</u> <u>JESSE R. McCoy</u> <u>2100 S. OCEAN DR. #15L</u> <u>FORT LAUDERDALE, FL 33316</u>
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE Susan A Purcell - McCoy 4/22/03 954-765-0556

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

CR2E0348 (12/02)