

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90347 004 ***150.00

DOCUMENT # P94000052680

1. Entity Name

SKY VIEW AERIAL PHOTO OF FLORIDA, INC.

Principal Place of Business

**3820 WIMBLEDON DRIVE
LAKE MARY FL 32746
US**

Mailing Address

**P O BOX 952497
LAKE MARY FL 32795-2497
US**

2. Principal Place of Business

8023 Arcadian Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mount Dora, Florida

City & State

4. FEI Number

59-3259315

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, KENNETH K JR.
3820 WIMBLEDON DRIVE
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8023 Arcadian Court

City

Mount Dora

FL

Zip Code

32757

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 *Kenneth K. Hudson Jr.* Kenneth K. Hudson Jr. President 4/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	HUDSON, KENNETH K JR	
STREET ADDRESS	3820 WIMBLEDON DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HUDSON, PHYLLIS G	
STREET ADDRESS	3820 WIMBLEDON DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8023 Arcadian Court
CITY-ST-ZIP	Mount Dora, FL 32757
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8023 Arcadian Court
CITY-ST-ZIP	Mount Dora, FL 32757
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Kenneth K. Hudson Jr.* Kenneth K. Hudson Jr. 4/14/02 352-383-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)