

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076798

1. Entity Name

SKYLINE REALTY SERVICES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 032 ***550.00

Principal Place of Business

601 RIVERSIDE AVE
BLDG II SUITE 650
JACKSONVILLE FL 32204
US

Mailing Address

601 RIVERSIDE AVE
BLDG II SUITE 650
JACKSONVILLE FL 32204
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3274978

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

SHAW, RALPH L JR.
601 RIVERSIDE AVE.
BLDG II, STE 650
JACKSONVILLE FL 32204

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 SHAW, RALPH L JR.
STREET ADDRESS 601 RIVERSIDE AVENUE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME THORNTON, JOHN T
STREET ADDRESS 601 RIVERSIDE AVE BLDG II SUITE 650
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME UIBLE, JOHN D
STREET ADDRESS 225 WATER ST., STE. 840
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete
NAME WINSTON, JAMES H
STREET ADDRESS 645 RIVERSIDE AVE., STE. 619
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE D ☐ Delete
NAME KING, THOMAS F JR.
STREET ADDRESS 505 LANCASTER AVE., APT. 5-B
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE D ☐ Delete
NAME THORNTON, J. PATRICK
STREET ADDRESS 1301 RIVERPLACE BLVD #1830
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00 904-358-0900

CR2E034 (5/00)