

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90198 015 ***150.00

DOCUMENT # P94000076798

1. Entity Name
SKYLINE REALTY SERVICES, INC.



Principal Place of Business
729 POST STREET
JACKSONVILLE FL 32204
US

Mailing Address
729 POST STREET
JACKSONVILLE FL 32204
US



2. Principal Place of Business

751 Oak Street
Suite 600

City & State
Jacksonville, FL

Zip
32204

Country

3. Mailing Address

751 Oak Street
Suite 600

City & State
Jacksonville, FL

Zip
32204

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3274978**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

751 Oak Street
Suite 600

City
Jacksonville

FL

Zip Code
32204

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SHAW, RALPH L JR.
STREET ADDRESS	601 RIVERSIDE AVENUE BLDG II SUITE 650
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, JOHN T
STREET ADDRESS	601 RIVERSIDE AVE BLDG II SUITE 650
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	UIBLE, JOHN D
STREET ADDRESS	225 WATER ST., STE. 840
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> Delete
NAME	WINSTON, JAMES H
STREET ADDRESS	645 RIVERSIDE AVE., STE. 619
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	D <input type="checkbox"/> Delete
NAME	KING, THOMAS F JR.
STREET ADDRESS	505 LANCASTER AVE., APT. 5-B
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, J. PATRICK
STREET ADDRESS	1301 RIVERPLACE BLVD #1830
CITY-ST-ZIP	JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	751 Oak Street, Suite 600
STREET ADDRESS	Jacksonville, FL 32204
CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	751 Oak Street, Suite 600
STREET ADDRESS	Jacksonville, FL 32204
CITY-ST-ZIP	Jacksonville, FL 32204
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	

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 #

4/24/03 904-358-0900

CR2E034 (10/02)