

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004619

1. Entity Name

S.K. MANAGEMENT ASSOCIATES, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90072 001 \*\*\*150.00

Principal Place of Business

21491 WIDGEON TERR  
FT. MYERS BEACH FL 33931  
US

Mailing Address

5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931 4114

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

21491 WIDGEON TERR.

Suite, Apt. #, etc.

City & State

City & State  
FT. MYERS BCH., FL.

Zip

Country

Zip  
33931

Country

FL.

4. FEI Number

65-0563523

Applied For

Not Applicable

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

KNESCHKE, SYBILLE  
5210 ESTERO BLVD  
SUITE 200  
FT MYERS BCH FL 33931

Name  
KNESCHKE SYBILLE

Street Address (P.O. Box Number is Not Acceptable)  
21491 WIDGEON TERR.

City  
FT. MYERS BCH., FL Zip Code  
33931

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

PRESIDENT

2-28-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
KNESCHKE, SYBILLE  
5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
KNESCHKE, SYBILLE  
21491 WIDGEON TERR.  
FT. MYERS BCH., FL. 33931 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
KNESCHKE, DETLEV  
5210 ESTERO BLVD.  
FORT MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
KNESCHKE, DETLEV  
21491 WIDGEON TERR.  
FT. MYERS BCH., FL. 33931 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2000 941-463-7128

Date

Daytime Phone #

CR2E034 (9/99)