2003 FOR PROFIT CORPORATION

Feb 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P95000042369 DOCUMENT # 1. Entity Name 02-28-2003 90117 002 ***150.00 SKIPHER, INC. Principal Place of Business Mailing Address 308 TEQUESTA DR 308 TEQUESTA DR # 25 **TEQUESTA FL 33469 TEQUESTA FL 33469** 2. Principal Place of Business 3. Mailing Address 530 Cypress 1530 upress DR Suite, Apt. #, eti Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES # B City & State City & State 4. FEI Number Applied For Jupiter 65-0587470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired talm Deac Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFER, HERMAN Street Address (P.O. Box Number is Not Acceptable) 250 TEQUESTA DRIVE, STE. 200 **TEQUESTA FL 33469** City 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. 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 .. 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME JEFFER, HERMAN Jeffer, Herman NAME 1530 Cypress DR #B STREET ADDRESS 308 TEQUESTA DR #25 STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL 33469** CITY-ST-ZIP Jupiter. Fr 33469 -TITLE VΡ ☐ Delete TITLE Change BUEK, BOBIN ☐ Addition NAME BURK, ROBIN NAME STREET ADDRESS 308 TEQUESTA DR # 25 1530 Cypress DR #B STREET ADDRESS CITY-ST-7IP TEQUESTA FL 33469 Jupiter, FL 33469 CITY-ST-ZIP TITLE - 🖃 Delete TITLE" "☐ Change Addition NAME BURK, James NAME STREET ADDRESS 1530 Cupress DR #B STREET ADDRESS CITY-ST-ZIP Jupiter, FL 33469 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED