

6/1/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-01-2001 90005 030 ***150.00

DOCUMENT # P95000071594

1. Entity Name

SKH ASSOCIATES, INC.

Principal Place of Business

4901 S. DIXIE HWY.
W. PALM BEACH FL 33405

Mailing Address

4095 EMBASSY DR. SE
GRAND RAPIDS MI 49546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0626028**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ELSBERRY, MICHAEL V ESQ.
 % LOWNDES, DROSDICK, DOSTER, KANTOR & REED
 215 NORTH EOLA DR.
 ORLANDO FL 32802

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FLORIDA 33324

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

See attached. Change form signed by Michael V. Elsberry
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating)

6/26/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HOMA, CHARLES R | |
| STREET ADDRESS | 1878 PIEDMONT RD | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| 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 | RECEIVER (R) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PHILIP S. STENGER | |
| STREET ADDRESS | 4095 EMBASSY DR SE | |
| CITY-ST-ZIP | GRAND RAPIDS, MI 49546 | |
| 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 | | |
| 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:

Philip S. Stenger Receiver 5/22/01 616-940-1190
 (Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc# P95000071594
8867

| | |
|---|---------|
| Requester's Name | |
| P95000071594 | |
| Address | |
| City/State/Zip | Phone # |
| | |
| 400003509194--7 -12/20/00-01078-010 *****35.00 *****35.00 | |
| Office Use Only | |

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
ALLAHASSEE, FL 08104

00 DEC 20 PM 2:35

FILED

Examiner's Initials

Attachment Doc # P9500071594
8/26/00

**CERTIFICATE OF CHANGE OF
REGISTERED AGENT/REGISTERED OFFICE
OF
SKH ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **SKH ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

SKH ASSOCIATES, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry
215 North Eola Drive
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

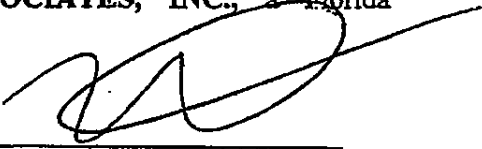
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00 DEC 20 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of ^{November} September, 2000.

SKH ASSOCIATES, INC., a Florida corporation

By: 
Phillip S. Stenger, Receiver

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ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of SKH ASSOCIATES, INC.

CT Corporation System

By: Vicky Goldstein
Printed Name: VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY