2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000079286 Apr 21, 2000 8:00 am Secretary of State NEW SKY ENTERPRISES, INC. 04-21-2000 90005 005 ***150.00 Mailing Address Principal Place of Business 790 MILLSHORE DRIVE 790 MILLSHORE DRIVE CHULOUTA FL 32766 CHULOUTA FL 32766-9307 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3345624 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCKEL, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 790 MILLSHORE DRIVE CHULOUTA FL 32766 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE MERCKEL, SCARLETT NAME NAME 790 MILLSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL 32766 Change ☐ Addition TITLE ☐ Delete TITLE NAME MERCKEL, WILLIAM NAME STREET ADDRESS 790 MILLSHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL 32766 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change Addition Delete TITLE TITLE NAME . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

When 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 as for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as for all 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 as for all 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes in Sectio