

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029515

1. Entity Name
SKYLAB TECHNOLOGIES GROUP, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90082 045 ***150.00

Principal Place of Business

6030 BOWDENDALE AVE
JACKSONVILLE FL 32256
US

Mailing Address

~~PO BOX 19245~~
~~JACKSONVILLE FL 32245-0245~~
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32216

Country

3. Mailing Address

6030 BOWDENDALE AVE

Suite, Apt. #, etc.

City & State

Zip
32216

Country

4. FEI Number 59-3371182

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

ANTONUCCI, JOSEPH T.
6030 BOWDENDALE AVE
JACKSONVILLE FL 32216

Name

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

City

FL

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.

SIGNATURE: *Joseph T. Antonucci* JOSEPH T. ANTONUCCI PRESIDENT 3/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GUSTAFSON, SCOTT PO BOX 19245 6030 BOWDENDALE AVE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT ANTONUCCI, JOSEPH PO BOX 19245-6030 BOWDENDALE AVE JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, ALLEN 2295 AMERICUS BLVD EAST # 37 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6030 BOWDENDALE AVE 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Joseph T. Antonucci* JOSEPH T. ANTONUCCI PRESIDENT 3/2/01 904/443-7492
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)