

2001 UNIFORM BUSINESS REPORT (UBR)

0451103

DOCUMENT # P97000013334

1. Entity Name
SKYTEN OF LAKE COUNTY, INC.

Principal Place of Business

22113 STATE RD 40
ASTOR FL 32102

Mailing Address

22113 STATE RD 40
ASTOR FL 32102

2. Principal Place of Business

54730 GUSTAFSON DR.
Suite, Apt. #, etc.

3. Mailing Address

54730 GUSTAFSON DR.
Suite, Apt. #, etc.

City & State

ASTOR, FL

City & State

ASTOR, FL

Zip

32102

Country

USA

Zip

32102

Country

USA

4. FEI Number 59-3434413

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

GUSTAFSON, LEILA T
22113 STATE RD 40
ASTOR FL 32102

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

[Signature]

SECRETARY - TREASURER

10-4-01

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	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, ALBERT T	
STREET ADDRESS	54370 GUSTAFSON RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, LEILA T	
STREET ADDRESS	54370 GUSTAFSON RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, THOMAS A	
STREET ADDRESS	54540 GUSTAFSON RD	
CITY-ST-ZIP	ASTOR FL 32102	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500004642225-4	
CITY-ST-ZIP	-10/18/01--01071--014	
	****150.00 ****150.00	
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:

[Signature] PRESIDENT

10-4-01

352-759-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

292

October 4, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

This check is late due to an extended illness of my mother, Leila Gustafson our Secretary – Treasurer. She handles the paperwork and due to her illness the report was lost in the shuffle. She has since recovered and found the letter at the bottom of a stack of old papers when she got home.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas Gustafson".

Thomas Gustafson