

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90074 008 \*\*\*150.00

**DOCUMENT # P97000032474**

1. Entity Name

**DWIGHT SKIDMORE INC.**

Principal Place of Business

Mailing Address

**MAGNOLIA**  
**PINE KEY FL 33043-1321****P O BOX 431321**  
**BIG PINE KEY FL 33043-1321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0744316**

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**

Name

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

City

**FL**

Zip Code

**SKIDMORE, DWIGHT**  
**29060 MAGNOLIA**  
**BIG PINE KEY FL 33043-1321**

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, 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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SKIDMORE, DWIGHT</b>	
STREET ADDRESS	<b>29060 MAGNOLIA</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043-1321</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPHARD, MICHAEL B</b>	
STREET ADDRESS	<b>29060 MAGNOLIA</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043-1321</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RYAN, GEOFFREY T</b>	
STREET ADDRESS	<b>120 S. POINT DR.</b>	
CITY-ST-ZIP	<b>SUGARLOAF KEY FL 33042</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:***Dwight Skidmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 305-872-3574

CR2E034 (9/99)