

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032474

1. Entity Name

DWIGHT SKIDMORE INC.

Principal Place of Business

29060 MAGNOLIA
BIG PINE KEY FL 33043-1321

Mailing Address

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 & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME SKIDMORE, DWIGHT
STREET ADDRESS 29060 MAGNOLIA
CITY-ST-ZIP BIG PINE KEY FL 33043-1321 ☐ Delete

TITLE S
NAME SHEPHARD, MICHAEL B
STREET ADDRESS 29060 MAGNOLIA
CITY-ST-ZIP BIG PINE KEY FL 33043-1321 ☐ Delete

TITLE V
NAME RYAN, GEOFFREY T
STREET ADDRESS 120 S. POINT DR.
CITY-ST-ZIP SUGARLOAF KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Dwight Skidmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwight Skidmore Apr 4-17-01 305-872-3574

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90020 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744316 ☐ Applied For ☐ Not Applicable

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

0491567

CR2E034 (10/00)