

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90068 030 \*\*\*150.00

**DOCUMENT # P97000033595**

**1. Entity Name**  
**SKYBRIGHT SKYLIGHTS OF S.W. FL INC.**



**Principal Place of Business**  
**917 SE 13TH AVE**  
**CAPE CORAL FL 33990**

**Mailing Address**  
**917 SE 13TH AVE**  
**CAPE CORAL FL 33990**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **52-2025781**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MANKE, BRIAN J**  
**1718 SE 28 ST**  
**CAPE CORAL FL 33990**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Angelica Manke* *Angelica Manke* *2/24/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MANKE, BRIAN J</b>	
<b>STREET ADDRESS</b>	<b>1718 SE 28 ST</b>	
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL FL 33990</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MANKE, ANGELICA</b>	
<b>STREET ADDRESS</b>	<b>1718 SE 28 ST</b>	
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL FL 33990</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BLAIR, SCOTT</b>	
<b>STREET ADDRESS</b>	<b>1408 NE 18TH PLACE</b>	
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL FL 33909</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MANKE, JAMES</b>	
<b>STREET ADDRESS</b>	<b>2004 SW 36TH TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>CAPE CORAL FL 33914</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *Angelica Manke* *Angelica Manke* *2/24/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)