2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000057192

1. Entity Name

SKOBECK, INC.



Principal Place of Business 728 W. CANAL STREET NEW SMYRNA BEACH FL 32169

LYBRAND, C M

SIGNATURE

728 W. CANAL STREET

NEW SMYRNA BEACH FL 32169

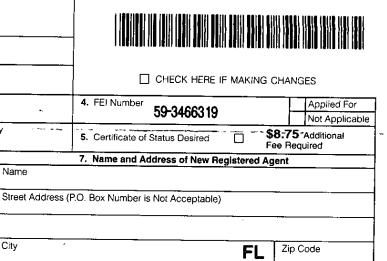
Mailing Address 728 W. CANAL STREET

NEW SMYRNA BEACH FL 32169

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90948 022 ***150.00



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 for the obligations of registered agent, or both, in the State of Florida.	_ _
	the obligations of an interest and the state of Florida. I am fr	amiliar with, and accept
	the obligations of registered agent.	•

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

19.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete BECKETT, D H 728 W CANAL ST NEW SMYRNA BEACH FL 32168		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Delete SKORDAS, SULTANA 728 W CANAL ST NEW SMYRNA BEACH FL 32168	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP