## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000066204

1. Entity Name

SKYLARK BOATS, INC.



Principal Place of Business 1318 LAFEYETTE STREET CAPE CORAL FL 33904 Ų\$

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

Mailing 1318 LAFEYETTE STREET CAPE CORAL FL 33304

3. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

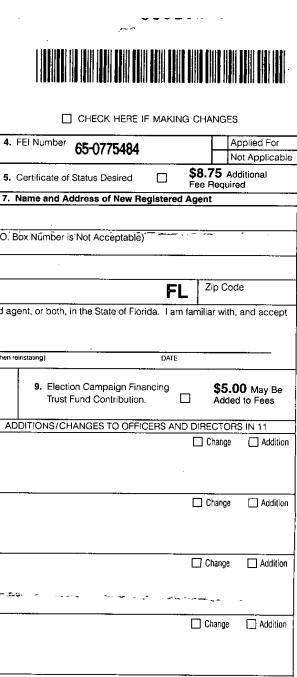
g Address	

Country

Name

**FILED** Feb 07, 2003 8:00 am § Secretary of State

02-07-2003 90083 004 \*\*\*150.00



HILL, THOMAS W	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
CAPE CORAL FL 33904	City		FL	Zip Cod	ie	
8. The above named entity submits this statement for the putthe obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if a		istered office or registere		rida. I am far	I niliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			Election Campaign Fin.     Trust Fund Contribution			May Be
10. OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11
TITLE PTD  NAME  STREET ADDRESS CITY-ST-ZIP  CAPE CORAL FL 33904-5842	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE VSD NAME LUKAS, URSULA STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904-5842	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	☐ Change	☐ Addition
TITLE D NAME HILL, THOMAS W STREET ADDRESS 1318 LAFAYETTE ST CITY-ST-ZIP CAPE CORAL FL 33904	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	— <del>1</del>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		С	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. С	] Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 m	<u> </u>	] Change	☐ Addition

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: 4