

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072968

1. Entity Name

SKYLER JACKSON, INC.

Principal Place of Business

Mailing Address

125 WEST ROMANA STREET SUITE 400
ONE PENSACOLA PLAZA
PENSACOLA FL 32501

125 WEST ROMANA STREET SUITE 400
ONE PENSACOLA PLAZA
PENSACOLA FL 32501-5848

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

59-3489753

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

CAMPBELL, JAMES S
BEGGS & LANE
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BELL, SCOTT J	125 WEST ROMANA STREET PENSACOLA FL 32501				
	D	ST. PEI, GERALD	125 W. ROMANA STR., STE. 400 PENSACOLA FL 32501				
	D	WILLIAMS, ROY C	125 W. ROMANA STR., STE. 400 PENSACOLA FL 32501				
	D	FOSTER, DANA R	125 W. ROMANA ST. #400 PENSACOLA FL 32501				
	D	TOLAN, JOHN J JR	125 W. ROMANA ST. #400 PENSACOLA FL 32501				
	D	HOLLOWAY, J L	125 W. ROMANA STR., STE. 400 PENSACOLA FL 32501				

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. Further, I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

850-432-0650

Daytime Phone #