

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90144 002 \*\*\*158.75

**DOCUMENT # P97000072968**

1. Entity Name  
**SKYLER JACKSON, INC.**

Principal Place of Business Mailing Address  
~~125 WEST ROMANA STREET SUITE 400~~ ~~125 WEST ROMANA STREET SUITE 400~~  
~~ONE PENSACOLA PLAZA~~ ~~ONE PENSACOLA PLAZA~~  
~~PENSACOLA FL 32501~~ ~~PENSACOLA FL 32501~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2 N. Palafox St.** **2 N. Palafox St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Pensacola, FL** **Pensacola, FL**  
 Zip Country Zip Country  
**32501 US** **32501 US**

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  
**BELL, SCOTT J** Name  
~~125 W ROMANA STREET~~ Street Address (P.O. Box Number is Not Acceptable)  
~~STE 400~~ **2 N. Palafox St.**  
**PENSACOLA FL 32501** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, SCOTT J</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 WEST ROMANA STREET</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST. PE', GERALD</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 W. ROMANA STR., STE. 400</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ROY C</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 W. ROMANA STR., STE. 400</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, DANA R</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 W. ROMANA STR., #400</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLAN, JOHN J JR</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 W. ROMANA STR., #400</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, J L</b>	NAME	<b>2 N. Palafox St.</b>
STREET ADDRESS	<del>125 W. ROMANA STR., STE. 400</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	CITY-ST-ZIP	

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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/02** **850-432-0650**  
 Date Daytime Phone #

CR2E034 (9/01)