

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0055383  
AV

DOCUMENT # P97000072968

1. Entity Name  
SKYLER JACKSON, INC.

FILED

03 FEB -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
2 N. PALAFOX STREET  
PENSACOLA FL 32501Mailing Address  
2 N. PALAFOX STREET  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

MCCRORY, SONDR  
2 N PALAFOX STREET  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE D ☐ Delete  
NAME BELL, SCOTT J  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME 200011789512  
STREET ADDRESS 02/04/03--01078--016 \*\*158.75  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME ST. PE', GERALD  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME WILLIAMS, ROY C  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME FOSTER, DANA R  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME TOLAN, JOHN J JR  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME HOLLOWAY, J L  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

850-432-0650

Daytime Phone #

CR2E034 (10/02)