

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073937**

1. Entity Name

SKYCOASTER OF FLORIDA, INC.**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90086 040 ***150.00

A0007861

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2850 FLA. PLAZA BLVD. KISSIMMEE FL 34746 US		Mailing Address 500 CELEBRATION AVE. CELEBRATION FL 32819-8270 US	
2. Principal Place of Business		3. Mailing Address 6807 VISITORS CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
		32819	ORANGE
4. FEI Number 91-1866146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO FL 32801		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	D KITCHEN, WILLIAM J 500 CELEBRATION AVE. CELEBRATION FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	215 ACADIA TERRACE CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/11/00
Date407-903-1370
Daytime Phone #