

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
 01-29-2002 90056 043 ***158.75

DOCUMENT # P97000075000
 1. Entity Name
SKYLER WAYNESBORO, INC.

Principal Place of Business ONE PENSACOLA PLAZA 125 WEST ROMANA STREET, SUITE 400 PENSACOLA FL 32501	Mailing Address ONE PENSACOLA PLAZA 125 WEST ROMANA STREET, SUITE 400 PENSACOLA FL 32501
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2. Principal Place of Business 2 N. Palafox St. Suite, Apt. #, etc.	3. Mailing Address 2 N. Palafox St. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 59-3473283	Applied For <input type="checkbox"/> Not Applicable
Zip 32501	Country US	Zip 32501	Country US

6. Name and Address of Current Registered Agent BELL, SCOTT J ONE PENSACOLA PLAZA 125 WEST ROMANA STREET, SUITE 400 PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 N. Palafox St. City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete BELL, SCOTT J 125 W. ROMANA ST. #400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.
TITLE D	<input type="checkbox"/> Delete ST PE', GERALD 125 W. ROMANA ST., STE. 400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.
TITLE D	<input type="checkbox"/> Delete WILLIAMS, ROY C 125 W. ROMANA ST., STE. 400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.
TITLE D	<input type="checkbox"/> Delete FOSTER, DANA R 125 W ROMANA ST #400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.
TITLE D	<input type="checkbox"/> Delete TOLAN, JOHN J JR. 125 W ROMANA ST #400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.
TITLE D	<input type="checkbox"/> Delete HOLLOWAY, J L 125 W ROMANA ST #400 PENSACOLA FL 32501	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	2 N. Palafox St.

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 **1/8/02 850-432-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)