## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000091665

1. Entity Name

## **BIG SKY THREE CORPORATION**

Principal Place of Business Mailing Address " PARK AVENUE 1177 PARK AVENUE SUITE #5 D0028UP = PARK FL 32073 ORANGE PARK FL 32073-4150 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3498280 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETTIGREW, RODMAN J JA SR 767 SEA OATS BAY PONTE VEDRA BEACH FL 32082 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☑ Delete TITLE PETTIGREW, RODMAN J & Sal NAME NAME STREET ADDRESS STREET ADDRESS 767 SEA OATS BAY CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BECH FL 32082 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE [7] Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

HETTIGNEW Se. 1-31-00 388-1118

FILED

Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90013 009 \*\*\*150.00

Daytime Phone #

☐ Change

Addition

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