2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000091665

1. Entity Name

DOCUMENT #



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May 05, 2003 8:00 am	ì
May 05, 2003 8:00 am Secretary of State	
secretary or state	

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BIG SKY THREE CORPORATION Principal Place of Business Mailing Address 1177 PARK AVENUE 1177 PARK AVENUE SUITE #5 SUITE #5 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3498280 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETTIGREW, RODMAN J SR. Street Address (P.O. Box Number is Not Acceptable) 767 SEA OATS BAY PONTE VEDRA BEACH FL 32082 Zip Code City 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 Utiligations 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change | Addition NAME PETTIGREW, RODMAN J SR. NAME STREET ADDRESS STREET ADDRESS 767 SEA OATS BAY CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BECH FL 32082 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE __ Change___ . _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

904-049-8680