

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000092938**

1. Entity Name

**SKYLAB SALES, INC.**

Principal Place of Business

2006 MICHIGAN AVE  
KISSIMMEE FL 34744  
US

Mailing Address

417 EAST VINE STREET  
KISSIMMEE, FL 34744  
US

2. Principal Place of Business

417 EAST VINE STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMMEE, FL

City &amp; State

City &amp; State

Zip

34744

Country

USA

Zip

Country

4. FEI Number **59-3475433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISSONDAYAL, JAGDESH  
3006 MICHIGAN AVE.  
KISSIMMEE FL 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BISSONDAUVAL, JAGDESH  
185 CORAL REEF CIRCLE  
KISSIMMEE FL 34743 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SOHAN, PRAKASH N  
3109 BIRDS REST PLACE  
KISSIMMEE FL 34743 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 DIRECTOR

PRAKASH N. SOHAN

Date

4-6-01

Daytime Phone #

407-847-9003

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90014 010 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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