

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097596

1. Entity Name

SKYE PRODUCTS, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90035 005 \*\*\*150.00

Principal Place of Business

11400 4TH STREET NORTH  
SUITE 1307  
ST. PETERSBURG FL 33716

Mailing Address

11400 4TH STREET NORTH  
SUITE 1307  
ST. PETERSBURG FL 33716-2925

2. Principal Place of Business

16812 LANDINGS POINTS LN.

3. Mailing Address

SAME AS 2

Suite, Apt. #, etc.

#207

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3477537

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYRANSKI, GAET  
11400 4TH STREET NORTH  
SUITE 1307  
ST. PETERSBURG FL 33716

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

GAET TYRANSKI, DIRECTOR

4/9/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TYRANSKI, GAET  
CITY-ST-ZIP 11400 4TH STREET NORTH, SUITE 1307  
ST. PETERSBURG FL 33716

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS GAET TYRANSKI  
CITY-ST-ZIP 16812 LANDINGS POINTS LANE, SUITE 207  
TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

GAET TYRANSKI

4/9/00

813-269-9741

Date

Daytime Phone #

CR2E034 (9/99)