

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103119

1. Entity Name

SKYLER PREMIER, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90087 021 ***158.75

Principal Place of Business 125 WEST ROMANA STREET #400 ONE PENSACOLA PLAZA PENSACOLA FL 32501	Mailing Address 125 WEST ROMANA STREET #400 ONE PENSACOLA PLAZA PENSACOLA FL 32501
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3481850	Applied For
			Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, JAMES S BEGGS & LANE 3 WEST GARDEN STREET #700 PENSACOLA FL 32501		Name Bell, Scott J. Street Address (P.O. Box Number is Not Acceptable) 125 W. Romana St. Suite 400 City Pensacola FL Zip Code 32501	

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 Scott J. Bell, President 1/15/01
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) <input type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D BELL, SCOTT J 125 WEST ROMANA STREET #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray C. Williams 125 W. Romana St., Suite 400 Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DANA R 125 WEST ROMANA STREET #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, J L 125 N ROMANA ST STE 400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 W. Romana St., Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PEI, GERALD 125 W ROMANA SR STE 400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 W. Romana St., Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLAN, JOHN J JR 125 WEST ROMANA STREET #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, W E 125 N ROMANA ST STE 400 PASCAGOULA MS 39567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 W. Romana St., Suite 400 Pensacola, FL 32501

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: Scott J. Bell 1/15/01 850-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)