## **FILED** Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90246 024 \*\*\*158.75

P97000103119

-DOCUMENT#

1. Entity Name

SKYLER PREMIER, INC.

Principal Place of Business

125 WEST ROMANA STREET #400

ONE PENSACOLA PLAZA-

Mailing Address

125 WEST ROMANA STREET #400 ONE PENSACOLA-PLAZA -

PENSACOLA FL 32501			PENSACOLA FL 32501								
2. Principal Place of Business  No. 1010-104			3. Mailing Address  A. N. Palafox St.				1 (88)(88) (48 (8)() (89)( 89() 89() 88())	16181 (1611 B)	<b> 188</b>   19 <b>8</b>    188	J# <b>850</b> \$ <b>0</b> 46 <b>\$00</b> 5	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 59-3481850 Applied For Not Applicable					
Zip	Country		Zip	Zip Country		<b>5.</b> C	Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name	and Address of Current Re	gistered Agent	istered Agent			7. Name and Address of New Registered Agent				
المروان والمحافظة والمرافقة والمرافق					Name						
BELL, SC				Street Address			P.Q. Box Number is Not Acceptable)				
-125 W RC	2 N. Palatox St.										
- <del>STE 400</del> -	_										
PENSACO	OLA FL 3250	)1 		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											
O This corp.	ble to satisfy its intangible	I EEE IS S	2150.00		<del></del>						
		and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Finar			May Be	
_	ria on back)					Trust Fund Contribution.   Added to Fees					
11. OFFICERS AND DIF			RECTORS 12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE /	D	<u> </u>	☐ Delete	TITLE	<i>-,</i>				Change	Addition	
NAME	BELL, SCOTT J			NAME		M	N. Palafox St	-	/~		
STREET ADDRESS CITY-ST-ZIP		ROMANA STREET #400 LA FL 32501		STREET ADD	//········	, ,		_			
TITLE	D		☐ Delete	TITLE					Change	☐ Addition	
NAME	FOSTER, I			NAME		N.	Palafox St				
STREET ADDRESS CITY-ST-ZIP		ROMANA STREET #400 LA FL 32501	<b>,</b>	STREET ADD		, *,	1 30,000 21				
TITLE	D		☐ Delete	TITLE					Change	☐ Addition	
NAME	HOLLOWA			NAME		Ñ	· Palatox St	•	/ •	-	
STREET ADDRESS CITY-ST-ZIP		WANA ST STE 400,		STREET ADD	ι -	1 4	MUMON O.			ļ	
	<del></del>	LA FL 32501		- <b></b>	<u>"                                    </u>		<del></del>		Change	Addition	
TITLE NAME	D <sup>.</sup>   St. Pe', G	FRAI D	Delete	NAME			7		K1 Mange	☐ Addition	
STREET ADDRESS	125 W RO	MANA SR STE 400		STREET ADD	DRESS   Q	N	. Palafox S	大・			
CITY-ST-ZIP	PENSACO	LA FL 32501		CITY-ST-ZI		-					
TITLE	D		☐ Delete	TITLE					Change	Addition	
NAME	TOLAN, JO			NAME		M	Para-Pox Sy	-, '			
STREET ADDRESS		ROMANA STREET #400		STREET ADD	1	4.	100000	-			
CITY-ST-ZIP		LA FL 32501		CITY-ST-ZI	<u>-</u>				<b>_</b>		
TITLE	D	WE	☐ Delete	TITLE			_		Change	☐ Addition	
NAME STREET ADDRESS	TREHERN,	W E MANA ST-STE-400-		NAME STREET AD()	DRESS 1	N.	Palafox St	,			
CITY-ST-ZIP		ULA MS 39567		CITY-ST-Z		1 6,					

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.