

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

005562 AV

DOCUMENT # P97000103119

1. Entity Name  
SKYLER PREMIER, INC.

FILED

03 FEB -5 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGESPrincipal Place of Business  
2 N. PALAFOX STREET  
PENSACOLA FL 32501Mailing Address  
2 N. PALAFOX STREET  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-3481850

Applied For

Not Applicable

Zip

Country

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

MCCRORY, SONDR  
2 N. PALAFOX STREET  
PENSACOLA FL 32501

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. I am familiar with, and accept the obligations 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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BELL, SCOTT J  
STREET ADDRESS 2 N. PALAFOX ST.  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME 200011789362  
STREET ADDRESS 02/04/03--01078--011 \*\*158.75  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME FOSTER, DANA R  
STREET ADDRESS 2 N. PALAFOX ST.  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME HOLLOWAY, J L  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME ST. PE', GERALD  
STREET ADDRESS 2 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME TOLAN, JOHN J JR  
STREET ADDRESS 2 N. PALAFOX ST.  
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME TREHERN, W E  
STREET ADDRESS 2 N. PALAFOX ST.  
CITY-ST-ZIP PASCAGOULA MS 39567TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 850-432-0650

CR2E034 (10/02)