

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90246 023 ***158.75

CR2E034 (9/01)

DOCUMENT # P97000103127

1. Entity Name

SKYLER MIAMI, INC.

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

2. Principal Place of Business

2 N. Palafox St.
 Suite, Apt. #, etc.

3. Mailing Address

2 N. Palafox St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3481849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, SCOTT J
~~125 W. ROMANA ST~~
~~SUITE 400~~
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2 N. Palafox St.

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, 2002 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 ☐ Delete
 NAME **D BELL, SCOTT J**
 STREET ADDRESS **125 WEST ROMANA STREET #400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME **D FOSTER, DANA R**
 STREET ADDRESS **125 WEST ROMANA STREET #400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME **D HOLLOWAY, J L**
 STREET ADDRESS **125 W. ROMANA ST., STE. 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME **D ST. PE', GERALD**
 STREET ADDRESS **125 W. ROMANA ST., STE. 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME **D TOLAN, JOHN J JR**
 STREET ADDRESS **125 WEST ROMANA STREET #400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME **D TREHERN, W E**
 STREET ADDRESS **125 W. ROMANA ST., STE. 400**
 CITY-ST-ZIP **PENSACOLA FL 32501**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS
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 NAME **2 N. Palafox St.**
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 850-432-0650

Date

Daytime Phone #