

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0055630 AV

DOCUMENT # P97000103127

1. Entity Name  
SKYLER MIAMI, INC.



FILED

03 FEB -5 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2 N PALAFOX ST  
ONE PENSACOLA PLAZA  
PENSACOLA FL 32501

Mailing Address  
2 N PALAFOX ST  
ONE PENSACOLA PLAZA  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MCCRORY, SONDR  
2 N PALAFOX ST  
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 State**

9. 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 ☐ Delete  
NAME D  
STREET ADDRESS BELL, SCOTT J  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition  
NAME 000011789450  
STREET ADDRESS 02/04/03--01078--014  
CITY-ST-ZIP \*\*158.75

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOSTER, DANA R  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOLLOWAY, J L  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ST. PE', GERALD  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TOLAN, JOHN J JR  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TREHERN, W E  
CITY-ST-ZIP 2 N PALAFOX ST  
PENSACOLA FL 32501

TITLE ☐ 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

1/2/03

Date

850-432-0650

Daytime Phone #

CR2E034 (10/02)