

DOCUMENT # P97000107614

1. Entity Name

SKYLER DAYTONA, INC.

Feb 08, 2000 8:00 :
Secretary of State

02-08-2000 90161 050 ***158.75

Principal Place of Business

Mailing Address

125 W ROMANA STREET
SUITE 400
PENSACOLA FL 32501125 W ROMANA STREET
SUITE 400
PENSACOLA FL 32501-5848

711601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3483152

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, SCOTT J
125 W ROMANA STREET
SUITE 400
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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5
Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE D
NAME BELL, SCOTT J ☐ Delete
STREET ADDRESS 125 W ROMANA ST, #400
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME FOSTER, DANA R ☐ Delete
STREET ADDRESS 125 W ROMANA ST, #400
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME TOLAN, JOHN J JR ☐ Delete
STREET ADDRESS 125 W ROMANA ST, #400
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME HOLLOWAY, J. L. ☐ Delete
STREET ADDRESS 2372 HWY 80 WEST
CITY-ST-ZIP JACKSON MS 39204TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME ST. PE', GERLAD ☐ Delete
STREET ADDRESS 1000 LITTON ACCESS RD
CITY-ST-ZIP PASCAGOULA MS 39567TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME TREHERN, W. EDWARD ☐ Delete
STREET ADDRESS 2957 MARKET STREET
CITY-ST-ZIP PASCAGOULA MS 39567TITLE ☐ Change
NAME
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 the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT J BELL01/10/00
Date850
Fees