

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90091 046 ***158.75

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DOCUMENT # P97000107614

1. Entity Name
SKYLER DAYTONA, INC.

Principal Place of Business
125 W ROMANA STREET
SUITE 400
PENSACOLA FL 32501

Mailing Address
125 W ROMANA STREET
SUITE 400
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2 N. Palafox St.**
3. Mailing Address **2 N. Palafox St.**
 Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **59-3483152** **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**
BELL, SCOTT J **Name**
125 W ROMANA STREET **Street Address (P.O. Box Number is Not Acceptable)**
SUITE 400 **2 N. Palafox St.**
PENSACOLA FL 32501 **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. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be**
(See criteria on back.) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, SCOTT J 125 W ROMANA ST, #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DANA R 125 W ROMANA ST, #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLAN, JOHN J JR 125 W ROMANA ST, #400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, J. L. 125 W ROMANA ST STE 400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PE', GERLAD 125 W ROMANA ST STE 400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, EDWARD W 125 W ROMANA ST STE 400 PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N. Palafox St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 #**

CR2E034 (9/01)