

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0446720 AV

DOCUMENT # **P97000108004**

1. Entity Name
BLUE SKIES PARASAIL, INC.

04-03-2002 90179 008 ***150.00

Principal Place of Business
571 NORMANDY RD
MADEIRA BEACH FL 33708
US

Mailing Address
571 NORMANDY RD
MADEIRA BEACH FL 33708
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
756 PRUITT DR.
 Suite, Apt. #, etc.

3. Mailing Address
756 PRUITT DR.
 Suite, Apt. #, etc.

City & State
MADEIRA BEACH, FL **MADEIRA BEACH, FL**

4. FEI Number **65-0812825** Applied For
 Not Applicable

Zip **33708** Country **US** Zip **33708** Country **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH, GINA M
571 NORMANDY RD
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent
 Name **JOSEPH, GINA M.**
 Street Address (P.O. Box Number is Not Acceptable)
756 PRUITT DRIVE
 City **MADEIRA BEACH** FL Zip Code **33708**

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 *Gina M Joseph* **GINA M. JOSEPH sec/TRES** 3/29/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, ELIZABETH 256 PRESIDIO PLACE WILLIAMSVILLE NY 14221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOSEPH, GINA 571 NORMANDY RD MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOSEPH, GINA 756 PRUITT DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Gina M Joseph* **GINA M. JOSEPH** 3/29/02 (727) 394-7292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SEC/TRES

CR2E034 (9/01)