

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0117788

05-17-2001 91309 020 ***163.75

DOCUMENT # P98000002090

1. Entity Name

SKY-HI CONTRACTING, INC.

Principal Place of Business

262 SUNSET DRIVE
 ISLAMORADA FL 33036

Mailing Address

262 SUNSET DRIVE
 ISLAMORADA FL 33036

658082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

269 SUNSET DR.

Suite, Apt. #, etc.

3. Mailing Address

269 SUNSET DR.

Suite, Apt. #, etc.

ISLAMORADA FL.

City & State

ISLAMORADA FL.

City & State

4. FEI Number

65-0803680

Applied For

Not Applicable

Zip

33036

Country

U.S.

33036

Country

U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN MYERS, MAUREEN
 269 SUNSET DR
 ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

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

M. Myers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 23/01

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, 2001 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 **D** ☐ Delete
 NAME **MANN MYERS, MAUREEN**
 STREET ADDRESS **262 SUNSET DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

M. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27/01

CR2E034 (10/00)