

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006649

1. Entity Name

TWK SKY, INC.

Principal Place of Business

Mailing Address

1312 COUNTRY LANE  
ORLANDO FL 32804

POST OFFICE BOX 2501  
ORLANDO FL 32802-2501

2. Principal Place of Business

3. Mailing Address

215 E Central Blvd

215 E Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

2nd Floor

City & State

City & State

Orlando, FL

Orlando FL

Zip

Country

Zip

Country

32801

US

32801

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, JOHN L  
1312 COUNTRY LANE  
ORLANDO FL 32804

Name Robert Tary Kettle

Street Address (P.O. Box Number is Not Acceptable)

215 E Central Blvd

2nd Floor

City Orlando

FL

Zip Code 32801

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

*Robert Tary Kettle*

Robert Tary Kettle

4/27/00

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 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	D	<input type="checkbox"/> Delete
NAME	WEBB, JOHN L	
STREET ADDRESS	POST OFFICE BOX 2501 N/A	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAMELL, JOE B	
STREET ADDRESS	POST OFFICE BOX 2501 N/A	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	KETTLE, ROBERT TARY	
STREET ADDRESS	POST OFFICE BOX 2501 N/A	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	215 E CENTRAL BLVD 2ND FLOOR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

4/26/00

Date

Daytime Phone #

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90088 021 \*\*\*150.00

843007



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3488909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**