

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90051 035 ***150.00

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DOCUMENT # P98000006649

1. Entity Name
TWK SKY, INC.



Principal Place of Business
215 E CENTRAL BLVD
2ND FLOOR
ORLANDO FL 32801
US

Mailing Address
215 E CENTRAL BLVD
2ND FLOOR
ORLANDO FL 32801
US



2. Principal Place of Business
1035 S. SEMORAN BLVD

3. Mailing Address
1035 S. SEMORAN BLVD

Suite, Apt. #, etc.
SUITE 1012

Suite, Apt. #, etc.
SUITE 1012

☒ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number 59-3488909

Applied For
Not Applicable

Zip Country
32792 USA

Zip Country
32792 USA

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

KETTLE, ROBERT T
215 E CENTRAL BLVD
2ND FLOOR
ORLANDO FL 32801

Name

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

1035 S. SEMORAN BLVD.

SUITE 1012

City
WINTER PARK

FL

Zip Code
32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature], President 1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTLE, ROBERT TARY 215 E CENTRAL BLVD 2ND FL ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03 407-256-2222

CR2E034 (10/02)