

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **198000018533**
 1. Entity Name
Skybuild, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

02 MAR 28 PM 12:22

DO NOT WRITE IN THIS SPACE

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 -04/11/02--01058--029
 *****8.75 *****8.75

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2. Principal Place of Business
800 Kemp St.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 540637
 Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32952

Country
USA

Zip
32954

Country
USA

4. FEI Number
59-3496074

☒ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Stephen A. Darrow

Street
800 Kemp St.

City
Merritt Island

FL

Zip Code
32952

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 amending)

2/27/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President/owner

NAME
Stephen A. Darrow

STREET ADDRESS
800 Kemp St.

CITY - ST - ZIP
Merritt Island, FL 32952

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-02

(321) 432-8119

CR2E034B (12/01)