

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90030 029 ***150.00

DOCUMENT # P98000047944

1. Entity Name

BLUE SKY CONSULTING GROUP, INC.

Principal Place of Business

**3266 JUPITER HILLS DR
 JACKSONVILLE FL 32225-4919**

Mailing Address

**3266 JUPITER HILLS DR
 JACKSONVILLE FL 32225-4919**

2. Principal Place of Business

3266 JUPITER HILLS DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32225-4678

Country

DU VAL

Country

4. FEI Number

59-3512235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, D.
 1585 HARRINGTON PARK DRIVE
 JACKSONVILLE FL 32225**

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

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 **P**
 NAME **BLACK, DONNA L**
 STREET ADDRESS **1585 HARRINGTON PARK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32222-449**

☐ Delete

TITLE **P**
 NAME **BLACK, DONNA L**
 STREET ADDRESS **3266 JUPITER HILLS DRIVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225-4678**

☒ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. BLACK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 904 996-7621
 Date Daytime Phone #

CR2E034 (9/01)