

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049268

1. Entity Name

SKYTOP, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90005 049 ***150.00

Principal Place of Business

12816 VALLEY RIDGE ROAD
CLERMONT FL 34711

Mailing Address

9216 WATER MEADOW COURT
CLERMONT FL 34711

2. Principal Place of Business

179 F. U.S. Hwy 27
F

3. Mailing Address

179 US Hwy 27
F

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

Country

34711 USA

Zip

Country

34711 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517480

Applied For

Not Applicable

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

BOYETTE, WADE
481 EAST HIGHWAY 50
CLERMONT FL 34711

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

4-25-01

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

X

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HOVIS, GEORGE
STREET ADDRESS 12816 VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete
NAME BOYETTE, WADE
STREET ADDRESS 12816 VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete
NAME DOMIGAN, BRIAN
STREET ADDRESS 12816 VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete
NAME MODICA, JAMES V
STREET ADDRESS VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete
NAME WALLACE, DAVID
STREET ADDRESS 12816 VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☐ Delete
NAME DRUMMONDS, RONALD K
STREET ADDRESS 12816 VALLEY RIDGE ROAD
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

352-242-4722

Daytime Phone #

CR2E034 (10/00)