

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90449 016 ***158.75

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1. Entity Name

SKYWAY COMMUNICATIONS CONSULTANTS, INC.



Principal Place of Business

4897-A WEST WATERS AVE
TAMPA FL 33634

Mailing Address

4897-A WEST WATERS AVE
TAMPA FL 33634

2. Principal Place of Business

5014 Tampa West Blvd

3. Mailing Address

5014 Tampa West Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa

City & State

FL

City & State

Tampa FL

Zip

33634

Country

Hillsborough

Zip

33634

Country

Hillsborough



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3519742

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIE, BYRON J JR.

4897-A WEST WATERS AVE
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name Carl E Marchand

Street Address (P.O. Box Number is Not Acceptable)
5014 Tampa West Blvd

City Tampa

FL

Zip Code 33634

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 Carl E. Marchand

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

(NOTE: Registered Agent signature required when reinstating)

2/12/03

DATE

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	NORRIE, BYRON J JR.	
STREET ADDRESS	10606 TAVISTOCK DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NORRIE, BYRON J SR	
STREET ADDRESS	10637 GITENA GREEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARCHAND, CARL E	
STREET ADDRESS	8307 CARMEL PL.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BELLIVEAU, MIKE	
STREET ADDRESS	1511 CARLTON LAKE ROAD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Rhonia D. Marchand	
STREET ADDRESS	8307 Carmel Pl	
CITY-ST-ZIP	Tampa FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	President	<input checked="" 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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Carl E. Marchand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

Daytime Phone #

CR2E034 (10/02)