

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063235

1. Entity Name

SKY FIBER COMMUNICATIONS, INC.

Principal Place of Business

538 E. TIMDERLAKE DR.
MARY ESTHER FL 32569

Mailing Address

538 E. TIMDERLAKE DR.
MARY ESTHER FL 32569

2. Principal Place of Business

5 Misty Water LN

3. Mailing Address

5 Misty Water LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther FL

City & State

Mary Esther FL

Zip

32569

Country

USA

Zip

32569

Country

USA

4. FEI Number

59-3523782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, ROSENDO J
5480 SE 41ST COURT
OCALA FL 34480

Name *Leon, Rosendo J.*

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

5 Misty Water LN

City *Mary Esther* FL Zip Code *32569*

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 *Rosendo J.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *05/01/01*

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, 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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEON, ROSENDO J 5480 SE 41ST COURT OCALA FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Leon Rosendo J. 5 misty Water LN Mary Esther FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCGOWEN, ANGELA P P.O. BOX 2682 N/A BELLEVUE FL 34421	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, CLARA 5480 SE 41ST COURT OCALA FL 34480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Leon, Clara 5 misty Water LN Mary Esther FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sergio A. Leon 810 Eglin PKWY #12 Fort Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosendo J.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01

Date

Daytime Phone #