

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063235

1. Entity Name

SKY FIBER COMMUNICATIONS, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90413 032 \*\*\*158.75

Principal Place of Business

Mailing Address

538 E. TIMDERLAKE DR.  
 MARY ESTHER FL 32569

538 E. TIMDERLAKE DR.  
 MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

5 Misty Water LN

5 Misty Water LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther FL

City & State

Mary Esther FL

Zip

Country

32569 USA

Zip

Country

32569 USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 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	DPT	<input type="checkbox"/> Delete
NAME	LEON, ROSENDO J	
STREET ADDRESS	5480 SE 41ST COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MCGOWEN, ANGELA P	
STREET ADDRESS	P.O. BOX 2682 N/A	
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, CLARA	
STREET ADDRESS	5480 SE 41ST COURT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon Rosendo J.	
STREET ADDRESS	5 Misty Water LN	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS Leon, Clara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Misty Water LN	
STREET ADDRESS	Mary Esther FL, 32569	
CITY-ST-ZIP		
TITLE	D Sergio A. Leon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	810 Eglin Pkwy #12	
STREET ADDRESS	Fort Walton Beach, FL 32547	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rosendo J. Leon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)