

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90096 031 \*\*\*150.00

**DOCUMENT # P98000077439**

1. Entity Name  
**SKYLAND JUPITER, INC.**

Principal Place of Business C/O JOHN WHITE, II 1645 PALM BEACH LAKES BLVD., #1200 WEST PALM BEACH FL 33401 US	Mailing Address C/O JOHN WHITE, II 1645 PALM BEACH LAKES BLVD., #1200 WEST PALM BEACH FL 33401-2214 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0861993</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WHITE, JOHN II 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOON, BRIAN DAVID			NAME	Moon, Brian David		
STREET ADDRESS	117 QUAYSIDE DRIVE			STREET ADDRESS	7 Charles Court, Mountainview Glencrutchery		
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP	Douglas, Isle of Man 1M25HT		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOON, PAULINE ANN			NAME	Moon, Pauline Ann		
STREET ADDRESS	117 QUAYSIDE DRIVE			STREET ADDRESS	7 Charles Court, Mountainview Glencrutchery		
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP	Douglas, Isle of Man 1M25HT		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOON, MARK BRIAN			NAME	Moon, Mark Brian		
STREET ADDRESS	117 QUAYSIDE DRIVE			STREET ADDRESS	7 Charles Court, Mountainview Glencrutchery		
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP	Douglas, Isle of Man 1M25HT		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Mark Brian Moon 03-30-2000 011447788135287

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Date/Phone #)

CR2E034 (9/99)