

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90043 039 ***150.00

DOCUMENT # P98000079266

1. Entity Name
SKELTON'S CONSTRUCTION, INC.

Principal Place of Business
11232 SAN SEBASTIAN LANE
BONITA SPRINGS FL 34135

Mailing Address
11232 SAN SEBASTIAN LANE
BONITA SPRINGS FL 34135

2. Principal Place of Business

10661 Woodchuck Ln
 Suite, Apt. #, etc.

3. Mailing Address

10661 Woodchuck Ln
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs FL
 Zip **34135** Country **Lee**

City & State

Bonita Springs FL
 Zip **34135** Country **Lee**

4. FEI Number

NOT APPLICABLE

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

SKELTON, JIM E

11232 SAN SEBASTIAN LANE
BONITA SPRINGS FL 34135

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

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 **D** ☐ Delete
 NAME **SKELTON, JIM E**
 STREET ADDRESS **11232 SAN SEBASTIAN LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **D** ☐ Delete
 NAME **SKELTON, CLINT E**
 STREET ADDRESS **26980 SPANISH GARDENS DR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **Jim Skelton**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01 **941 564-9300**
 Date Daytime Phone #

CR2E034 (10/00)