

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90298 023 \*\*\*150.00

DOCUMENT # P98000084141

1. Entity Name

SKYCLUB, INC.

Principal Place of Business

Mailing Address

4693 SW 45 TER FT. LAUD, FL 33314 4693 SW 45 TER FT. LAUD, FL 33314

2. Principal Place of Business

3. Mailing Address

4693 SW 45 TER 4693 SW 45 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUD, FL

FT. LAUD, FL

Zip

Zip

Country

Country

33314

33314

4. FEI Number

65-0867043

App. ed For

Not App. ed For

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY KEATING  
 6523 STIRLING RD  
 FT. LAUD, FL 33314

Name

LAURA MARTINEZ

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

City

FT. LAUD

FL

Zip Code

33314

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]*

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

(Typed Name of Registered Agent is required when not signing)

1-24-01

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**  
**IF YOU MAY LATER, FEE WILL BE \$200.00**  
**Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY KEATING 6523 STIRLING RD FT. LAUD, FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM AUDLET 4693 SW 45 TER (President) FT. LAUD, FL 33314	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SECRETARY) LAURA MARTINEZ 4693 SW 45 TER FT. LAUD, FL 33314	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA MARTINEZ

1-24-01

(954)-294-7082

CR2E03-117001