2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095027 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** SKILLETS, INC. 200 (No. 10 A.A.) STATUS WEST 01-18-2000 90133 007 ***150.00 Principal Place of Business Mailing Address 5461 AIRPORT ROAD NORTH 5461 AIRPORT ROAD NORTH NAPLES FL 34109-2044 NAPLES FL 34109 0 0 1 4 9 4 2. Principal Place of Business 3. Mailing Address 9174 Bonita Black Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Unit Applied For 4. FEI Number City & State City & State 59-3541245 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **EDLUND, ROSS** Street Address (P.O. Box Number is Not Acceptable) 5461 AIRPORT ROAD NORTH NAPLES FL 34109 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ਜ਼ਿਪੂਰ (See criteria on back) _ਾ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE □ Delete HAVENS, GARRY NAME NAME STREET ADDRESS 941.TIERRA LAGO WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 Change ☐ Addition ☐ Delete TITLE TITLE EDLUND, ROSS NAME NAME 5461 AIRPORT ROAD NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Delete TITLE TITLE OSTROWSKI, ANTHONY PLACH RD NAME = NAME UNIT 100 STREET ADDRESS STREET ADDRESS 34109 BONITA SPRINGS FL. CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date