

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103609

1. Entity Name

SKY COMM USA, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90572 020 ***550.00

Principal Place of Business

3777 NORTHEAST 18TH COURT
OCALA FL 34479

Mailing Address

3777 NORTHEAST 18TH COURT
OCALA FL 34479

2. Principal Place of Business

2110 NE 36th Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34470

Marion

4. FEI Number

59-3549699

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

COLE, ROBERT ALLEN
3777 NORTHEAST 18TH COURT
OCALA FL 34479

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | P | <input type="checkbox"/> Delete |
| NAME | COLE, ROBERT ALLEN | |
| STREET ADDRESS | 3777 NORTHEAST 18TH COURT | |
| CITY-ST-ZIP | OCALA FL 34479 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | COLE, TIMOTHY M | |
| STREET ADDRESS | 4100 NE 28TH TERRACE | |
| CITY-ST-ZIP | OCALA FL 34479 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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:

Robert A. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00

Date

352-461-9471

Daytime Phone #

CR2E034 (5/00)