

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90341 003 ***158.75

DOCUMENT # P98000103728

1. Entity Name

SKYLER PENSACOLA, INC.

Principal Place of Business

**ONE PENSACOLA PLAZA
 125 W. ROMANA ST., STE. 400
 PENSACOLA FL 32501**

Mailing Address

**ONE PENSACOLA PLAZA
 125 W. ROMANA ST., STE. 400
 PENSACOLA FL 32501**

2. Principal Place of Business

2 North Palafox St.
 Suite, Apt. #, etc.

3. Mailing Address

2 North Palafox St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL
 Zip **32501** Country

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Pensacola, FL
 Zip **32501** Country

4. FEI Number

59-3561064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JAMES S
 3 W. GARDEN ST., STE. 700
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. PEI, GERALD	
STREET ADDRESS	125 ROMANA ST STE 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROY C	
STREET ADDRESS	125 W ROMANA ST STE 400	
CITY-ST-ZIP	PASCAGOULA MS 39567	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, DANA R	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLAN, JOHN J JR.	
STREET ADDRESS	125 W. ROMANA ST., STE. 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, J.L.	
STREET ADDRESS	125 W ROMANA ST STE 400	
CITY-ST-ZIP	JACKSON MS 39204	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 N. Palafox St.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 N. Palafox St.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 N. Palafox St.
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 850-432-0650

Date

Daytime Phone #

CR2E034 (9/01)