

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 14 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104765

1. Entity Name  
SKYWAY COMMUNICATIONS HOLDING CORP.



Principal Place of Business  
1680 NICHIGAN AVENUE  
SUITE 1000  
MIAMI BEACH, FL 33139

Mailing Address  
1680 NICHIGAN AVENUE  
SUITE 1000  
MIAMI BEACH, FL 33139

2. Principal Place of Business  
6021 142nd Avenue North  
Suite, Apt. #, etc.

3. Mailing Address  
6021 142nd Avenue North  
Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip  
33760

Country  
USA

Zip  
33670

Country  
USA

4. FEI Number  
65-0881662

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

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete  
NAME KALIMI, KAMEE M  
STREET ADDRESS 1680 MICHIGAN AVENUE SUITE 1000  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☒ Delete  
NAME KALIMI, KAMEE M  
STREET ADDRESS 1680 MICHIGAN AVENUE, SUITE 1000  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Brent Kovar  
STREET ADDRESS 6021 142nd Avenue North  
CITY-ST-ZIP Clearwater, FL 33670

TITLE Sec/VP ☐ Change ☒ Addition  
NAME Joy Kovar  
STREET ADDRESS 6021 142nd Avenue North  
CITY-ST-ZIP Clearwater, FL 33670

TITLE CEO ☐ Change ☒ Addition  
NAME JAMES S. KENT  
STREET ADDRESS 6021 142nd Ave North  
CITY-ST-ZIP CLEARWATER, FL 33670

TITLE ☐ Change ☐ Addition  
NAME 700022425127  
STREET ADDRESS 08/19/03--01042--008 \*\*61.25  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joy C. Kovar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy C. Kovar 8-13-03 427  
8211  
Date Daytime Phone

CR2E034 (10/02)