

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019387

1. Entity Name

WEBSKIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90283 016 ***150.00

Principal Place of Business

Mailing Address

250 GALEN DRIVE
 SUITE 24
 KEY BISCAVNE FL 33149

250 GALEN DRIVE
 SUITE 24
 KEY BISCAVNE FL 33149-2165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

250 GALEN DRIVE

250 GALEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 21

SUITE 21

City & State

City & State

KEY BISCAVNE

KEY BISCAVNE

Zip

Zip

FL

Country

USA

Zip

FL

Country

USA

4. FEI Number

☒ 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

STICKEL, DIDIER J
 250 GALEN DRIVE
 SUITE 24
 KEY BISCAVNE FL 33149

Name STICKEL, DIDIER J
 Street Address (P.O. Box Number is Not Acceptable)
250 GALEN DRIVE
SUITE 21
 City KEY BISCAVNE **FL** Zip Code 33149

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] DIDIER J. STICKEL (PRESIDENT)

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **STICKEL, DIDIER J** ☒ Delete
 STREET ADDRESS **250 GALEN DRIVE**
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE **HR.** ☒ Change ☐ Addition
 NAME **STICKEL, DIDIER J**
 STREET ADDRESS **250 GALEN DRIVE # 21**
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

[Signature] DIDIER J. STICKEL (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000

DATE

305-987-5124

DAYTIME PHONE #

CR2E034 (9/99)