

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000019387**1. Entity Name
WEBSKIES, INC.

Principal Place of Business	Mailing Address
250 GALEN DRIVE	250 GALEN DRIVE
SUITE 21	SUITE 21
KEY BISCAYNE FL	KEY BISCAYNE FL
33149 US	33149 US

2. Principal Place of Business	3. Mailing Address
50 OCEAN LANE DRIVE	50 OCEAN LANE DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 302	SUITE 302

City & State	City & State
KEY BISCAYNE FL	KEY BISCAYNE FL

Zip	Country	Zip	Country
33149	US	33149	US

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTICKEL DIDIER J
250 GALEN DRIVE
SUITE 21
KEY BISCAYNE FL
33149**7. Name and Address of New Registered Agent**

Name
STICKEL DIDIER J
Street Address (P.O. Box Number is Not Acceptable)
50 OCEAN LANE DRIVE
SUITE 302
City
KEY BISCAYNE 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 **DIDIER JACQUES STICKEL****04/30/2001**

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, 2001 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	MR	<input type="checkbox"/> Delete
NAME	STICKEL DIDIER J	
STREET ADDRESS	250 GALEN DR #21	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKEL DIDIER J	
STREET ADDRESS	50 OCEAN LANE DRIVE, SUITE 302	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DIDIER JACQUES STICKEL

MR

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)