2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90348 047 ***150.00

DOCUMENT # P99000027965

1. Entity Name
SKYWAY EXPRESS, INC.

Principal Place of Business	Mailing Address
4016 HENDERSON BLVD SUITE G TAMPA FL 33629 US	P.O. BOX 320645 TAMPA FL 33679 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2849 Executive Dr.			
Suite, Apt. #, etc.: Suite 150		Suite, Apt. #, etc.	
City & State: Clearwater FL		City & State	
Zip: 33762	Country: Pinellas	Zip	Country

4. FEI Number 59-3566329 ☐ 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
BUTT, JEFFREY DREW 201 E. KENNEDY BLVD., 10TH FLOOR TAMPA FL 33602	Name: Andrew Service Corp. of Florida Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin St. Suite 2100 City: Tampa FL Zip Code: 33602

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: Robert Cascella Pres. DATE: 4-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASCELLA, ROBERT F		NAME		
STREET ADDRESS	3227 W HARBOR VIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASCELLA, ANN MARIE		NAME		
STREET ADDRESS	3327 W HARBOR VIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Robert Cascella Robert Cascella 4-10-03 727-561-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #