

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033595

1. Entity Name

SKYNET SERVICES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 035 ***150.00

Principal Place of Business

1531 TALLAPOOSA DR
GENEVA FL 32732

Mailing Address

1531 TALLAPOOSA DR
GENEVA FL 32732-9023

2. Principal Place of Business

Services

3. Mailing Address

1531 TALLAPOOSA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Geneva

City & State

FL

4. FEI Number

59-3435362

Applied For

Not Applicable

Zip

32732

Country

USA

Zip

1

Country

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

PEPLER, THOMAS R
1420 ALAFAYA TRL
SUITE 101
OVIEDO FL 32765

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, 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	<input type="checkbox"/> Delete
NAME	GLEASON, STACEY	
STREET ADDRESS	1531 TALLAPOOSA DR	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Stacey Gleason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 407-349-5251

CR2E034 (9/99)