

2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90122-021-\$150.00-\$150.00

DOCUMENT # P990000034603

1. Entity Name

SKYLINE FLAMINGO CORPORATION

FILED

00 MAR 23 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1810 SOUTHWEST 50TH TERRACE CAPE CORAL FL 33914		Mailing Address 1810 SOUTHWEST 50TH TERRACE CAPE CORAL FL 33914-6941	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1318 Lafayette St. Suite, Apt. #, etc.	
City & State		City & State Cape Coral, Florida	
Zip	Country	Zip	Country
33904		33904	Lee

4. FEI Number 65-0913734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Thomas W. Hill
Street Address (P.O. Box Number is Not Acceptable):
1318 Lafayette St.
City: Cape Coral FL Zip Code: 33904

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: Thomas W. Hill Hill Thomas W. 1-18-00
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIMEL, CHRISTIAN 1810 SOUTHWEST 50TH TERRACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIMEL, ANGELIKA 1810 SOUTHWEST 50TH TERRACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

THOMAS W. HILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00
Date

941-549-2444
Daytime Phone #