

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91342 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99 0000 34603**

1. Entity Name

Skyline Flamingo Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% SSI 1500 Colonial Blvd

Suite, Apt. #, etc.

Suite 235

City & State

Fort Myers FL

Zip
33907

Country
USA

3. Mailing Address

% SSI 1500 Colonial Blvd

Suite, Apt. #, etc.

Suite 235

City & State

Fort Myers FL

Zip
33907

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Werner Schmitz

Street Address (P.O. Box Number is Not Acceptable)

% SSI Accounting+Tax Service Inc.

1500 Colonial Blvd. Suite 235

City
Fort Myers

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

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

Werner Schmitz

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PD Thimel, Christian 1810 SW 50th Ter Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Thimel, Angelika 1810 SW 50th Ter Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Thimel, Rene 1810 SW 50th Ter Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Thimel, Celine 1810 SW 50th Ter Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Angelika Thimel, VP 5/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)