

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039669

1. Entity Name
SKYPATH, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90021 022 ***150.00

0007298

Principal Place of Business

~~210 CESSNA BLVD~~
~~DAYTONA BCH FL 32124~~

100 PIPER BLVD.

DAYTONA BEACH, FL 32124

Mailing Address

~~210 CESSNA BLVD~~
~~DAYTONA BCH FL 32124~~

100 PIPER BLVD.

DAYTONA BEACH, FL 32124

00031679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 PIPER BLVD.

Suite, Apt. #, etc.

3. Mailing Address

100 PIPER BLVD.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32124

Country

U.S.

City & State

DAYTONA BEACH, FL

Zip

32124

Country

U.S.

4. FEI Number 59-3573564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERNHAM, THOMAS W
1813 WRIGHT DR.
DAYTONA BCH FL 32124

7. Name and Address of New Registered Agent

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 T. W. EVERNHAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4-2-01

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 ☐ Delete
NAME D
STREET ADDRESS EVERNHAM, THOMAS W
CITY-ST-ZIP 1813 WRIGHT DR.
DAYTONA BCH FL 32124

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: T. W. EVERNHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 904/304-8233

CR2E034 (10/00)