## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2000 8:00 am DOCUMENT # P99000040621 **Secretary of State** SKALA PROPERTIES, INC. 03-06-2000 90053 031 \*\*\*150.00 Principal Place of Business Mailing Address 21 NANTUCKET DRIVE 21 NANTUCKET DRIVE PALM COAST FL 32137-2530 PALM COAST FL 32137 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONALD W. DUNCAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 FLORIDA PARK DR. NORTH PALM COAST FL 32137 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chrisa Yeroleman TITLE ☐ Delete NAME NAME 21 Northeket Dr STREET ADDRESS STREET ADDRESS Palm Coast fl 32137 CITY-ST-ZIP CITY-ST-ZIP Michael Kyriakoudes ☐ Delete TITLE NAME NAME 3406 Bragg Dr STREET ADDRESS STREET ADDRESS Wilmington NL 28403 Jerry Kyros | Char 1950 Longfellon Aue East Meadow NY 11554 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **X** Addition TITLE Katherine Kyriacon 25 Nantucket Or Delete NAME NAME STREET ADDRESS STREET ADDRESS Palm Coast FL 32137 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR