

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000040621****1. Entity Name**
SKALA PROPERTIES, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90305 024 ***150.00

Principal Place of Business**21 NANTUCKET DRIVE**
PALM COAST FL 32137**Mailing Address****21 NANTUCKET DRIVE**
PALM COAST FL 32137**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-3572666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DONALD W. DUNCAN, P.A.**
25 FLORIDA PARK DR. NORTH
PALM COAST FL 32137

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete
NAME **YEROLEMAN, CHRISO**
STREET ADDRESS **21 NANTUCKET DR**
CITY-ST-ZIP **PALM COAST FL 32137****TITLE** **P** ☒ Change ☐ Addition
NAME **Yeroleman, Chriso**
STREET ADDRESS **21 Nantucket Dr**
CITY-ST-ZIP **Palm Coast, FL 32137****TITLE** **VP** ☐ Delete
NAME **KYRIAKOUDIS, MICHAEL**
STREET ADDRESS **3406 BRAGG DR**
CITY-ST-ZIP **WILMINGTON NC 28403****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **S** ☐ Delete
NAME **KYROS, JERRY**
STREET ADDRESS **1950 LONGFELLOW AVE**
CITY-ST-ZIP **EAST MEADOW NY 11554****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **T** ☐ Delete
NAME **KYRIULOU, KATHERINE**
STREET ADDRESS **25 NANTUCKET DR**
CITY-ST-ZIP **PALM COAST FL 32137****TITLE** **T** ☒ Change ☐ Addition
NAME **Kyriacou, Katherine**
STREET ADDRESS **25 Nantucket Dr**
CITY-ST-ZIP **Palm Coast FL 32137****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**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**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:***Chriso Yeroleman* **Chriso Yeroleman** **2/19/01** **904-445-8497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)