

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90122 035 ***150.00

DOCUMENT # P99000062694

1. Entity Name

SKY HIGH, INC.

Principal Place of Business

**10 RACETRACK RD.
FORT WALTON BEACH FL 32547**

Mailing Address

**10 RACETRACK RD.
FORT WALTON BEACH FL 32547**

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 **59-3618491**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MEYER, FREDRICK S
19 BAYSHORE DR
SHALIMAR FL 32579**

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P				President		
	MEYER, FREDRICK S				CRAIG J KRUSE		
	19 BAYSHORE DR				10 Racetrack Rd NW		
	SHALIMAR FL 32579				Fort Walton Beach, FL 32547		
	ST				Vice President		
	RIGDON, CHARLES W				Fredrick S. Meyer		
	4395 OLD BAYOU TRAIL				19 Bayshore Dr.		
	DESTIN FL 32541				Shalimar, FL 32579		
					Secretary/treasurer		
					Craig J. Kruse		
					10 Racetrack Rd. NW		
					Fort Walton Beach, FL 32547		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

850-863-4900

Daytime Phone #

CR2E034 (10/00)