

UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000070068

1. Entity Name

SKYLINE CATERERS CORPORATION

Principal Place of Business

7984 N TAMiami TRAIL
SARASOTA FL 34243

Mailing Address

7984 N TAMiami TRAIL
SARASOTA FL 34243

FILED

01 JAN -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

7984 N. Tamiami Trail

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00-01 UBR

City & State

Sarasota Florida

City & State

Florida

4. FEI Number

65-0940628

Applied For

Not Applicable

Zip

34243

Country

Monroe

Zip

Country

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

O'DEA, TIMOTHY J
7984 N TAMiami TRAIL
SARASOTA FL 34243

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 *Pres/Sec/Dir*
STREET ADDRESS *Timothy J O'Dea*
CITY-ST-ZIP *201 E Vinta DEL MAR Blvd
St. Pete Beach Florida*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *700003552747--S*
CITY-ST-ZIP *-01/18/01--01005--001*
******8.75 *****8.75*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *700003552747--S*
CITY-ST-ZIP *-01/18/01--01005--002*
*****300.00 ****300.00*

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

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

TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. O'Dea

Pres/Sec.

1/5/01

Date

941-360-8448

Daytime Phone #

KE

1/05/01

20f2

Dept of State
Sec of State

Re: Skyline Caterers Corp
7984 N. Palmi
Pine
Sarasota, FL 34243

To whom it may concern,

We sent our filing on April 10, 2000.

I was unaware that you didn't receive
this with our check for 150.00.

I checked with our bank and it
was never presented for payment.

If you could give us some
consideration it would be greatly
appreciated.

Thank you for your time &
cooperation

Sincerely
Timothy J. Deane Pres.