

2002 UNIFORM BUSINESS REPORT (UBR)

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0528077 AV

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

02 MAY 29 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0940628

Applied For

Not Applicable

Zip

Country

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, 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, 2002 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 PST ☐ Delete
NAME O'DEA, TIMOTHY J
STREET ADDRESS 2101 E. VINA DEL MAR BLVD.
CITY-ST-ZIP ST. PETE BEACH FL

TITLE ☐ Change ☐ Addition
NAME 108885754201-0
STREET ADDRESS -06/11/02-01095-016
CITY-ST-ZIP ****158.75 ****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100005754201-0
STREET ADDRESS -06/11/02-01095-016 se
CITY-ST-ZIP ****158.75 ****158.75

TITLE ☐ Delete
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 941-360-8448

CR2E034 (9/01)

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Florida
Sec of State

5/20/02

re: Skyline Caterers Corp

To whom it may concern,

Around the middle of April 2002
my mother got very ill and subsequently
passed away.

We traveled to N. H. and just got
back from her funeral.

This report was ready to be mailed
and the fee paid but I was out of
town for a month and one week.

Please accept this report and
consider the lesson given. Thanks
For your understanding. Sincerely,

Forth & John