

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081021

1. Entity Name

SKY ARTECH, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90347 046 ***150.00

Principal Place of Business

7380 SANDLAKE ROAD #105
ORLANDO FL 32819

Mailing Address

200 E. ROBINSON STREET #500
ORLANDO FL 32801

2. Principal Place of Business

7380 SANDLAKE ROAD

Suite, Apt. #, etc.

500

City & State

ORLANDO

FL

Zip

32819

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

00040204



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3605331

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

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 ☐ Delete
NAME D
STREET ADDRESS NISHI, NAKO
CITY-ST-ZIP 7380 SANDLAKE ROAD #105
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS NISHI, NAKO
CITY-ST-ZIP 7380 SANDLAKE ROAD #500

TITLE ☐ Delete
NAME D
STREET ADDRESS AKIYAMA, MINEO
CITY-ST-ZIP 7380 SANDLAKE ROAD #105
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7380 SANDLAKE ROAD #500
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TABUCHI, SAM
CITY-ST-ZIP 7380 SANDLAKE ROAD #105
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME S/D
STREET ADDRESS 7380 SANDLAKE ROAD #500
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)