ANNUAL REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 3:28

AD035427

DO NOT WRITE IN THIS SPACE

1. Entity Name
SKYVIEW BP.
JOY INCORPORATION USA.
2939 SKYVIEW DRIVE, LAKELAND FL

Principal Place of Business / Mailing Address
CONVENIENCE STORE. SKYVIEW BP
2939 SKYVIEW DRIVE LAKELAND
FLORIDA. FL 33801-7005

2. Principal Place of Business
SKYVIEW DR. LAKELAND
Suite, Apt. #, etc.
2939 SKYVIEW DR.
City & State
LAKELAND, FLORIDA
Zip / Country
FL 33801 / POLK

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number
59-3596085
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOY PHILLIPS
213 Regal Park
Valrico FL 33594

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: Joy Phillips 10/12/01
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOY PHILLIPS 213 Regal Park VALRICO FL 33594	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BABY A. MAKIL 1612 HERITAGE DR VALRICO FL 33594	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Baby Amakil DIRECTOR 3/16/01 863653366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

FAX 8656079428

OCT-17-2001 01:59 PM