

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082197

1. Entity Name

SKYNET INTERNET SERVICES INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90072 005 ***158.75

Principal Place of Business

Mailing Address

~~UNIT D TAMMAM TRAIL
CHARLOTTE FL 33952~~

~~3030 UNIT D TAMMAM TRAIL
PORT CHARLOTTE FL 33952~~

2. Principal Place of Business

21530 Glendale Ave.

Suite, Apt. #, etc.

3. Mailing Address

21530 Glendale Ave.

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

Zip

33952

Country

Charlotte

City & State

Port Charlotte, Florida

Zip

33952

Country

Charlotte

4. FEI Number

65-0958 183

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALERNO, ROCCO

~~21530 GLENDALE AVE~~

~~PORT CHARLOTTE FL 33952~~

7. Name and Address of New Registered Agent

Name

Salerno, Rocco

Street Address (P.O. Box Number is Not Acceptable)

22473 Olean Blvd.

City

Port Charlotte,

FL

Zip Code

33952

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

Rocco Salerno

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-03-00

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, 2000 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bonnie Sue Smith | |
| STREET ADDRESS | 22473 Olean Blvd. | |
| CITY-ST-ZIP | Port Charlotte, Florida 33952 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Salerno | |
| STREET ADDRESS | 21530 Glendale Ave. | |
| CITY-ST-ZIP | Port Charlotte, Florida 33952 | |
| TITLE | Secretary / Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patsy Arcadipane | |
| STREET ADDRESS | 21530 Glendale Ave. | |
| CITY-ST-ZIP | Port Charlotte, Florida 33952 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Bonnie Sue Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Sue Smith

President

05-03-00 (44) 235-0388

Date

Daytime Phone #

CR2E034 (9/99)