

2001 UNIFORM BUSINESS REPORT (UBR)

2/12

FILED
May 17, 2001 8:00 am
Secretary of State

02-12-2001 90246 049 ***150.00

DOCUMENT # P99000087249

1. Entity Name

SOUTHERN SKIES ENT. INC.

Principal Place of Business

**4001 S.E. LINCOLN STREET
 STUART FL 34997**

Mailing Address

**4001 S.E. LINCOLN STREET
 STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

**COX, JAMES
 4001 S.E. LINCOLN STREET
 STUART FL 34997**

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 **P** ☐ Delete
 NAME **COX, JAMES**
 STREET ADDRESS **4001 S.E. LINCOLN STREET**
 CITY-ST-ZIP **STUART FL 34997**

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

TITLE **VPT** ☐ Delete
 NAME **COX, CYNTHIA**
 STREET ADDRESS **4001 S.E. LINCOLN STREET**
 CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

JAMES COX **JAMES COX**

Date

2-7-01

Daytime Phone #

567-288-7232

CR2E034 (10/00)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Attachment
43875

#P99000087249

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

"SOUTHERN SKIES ENT., INC.

2 Trade name of business (if different from name on line 1)

SAME

3 Executor, trustee, "care of" name

JAMES COX, PRESIDENT

4a Mailing address (street address) (room, apt., or suite no.)

4001 SE LINCOLN STREET

5a Business address (if different from address on lines 4a and 4b)

SAME

4b City, state, and ZIP code

STUART, FL 34997

5b City, state, and ZIP code

SAME

6 County and state where principal business is located

MARTIN COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ►

JAMES COX; PRESIDENT 438-33-2250

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☐ Other (specify) ►

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ► NEW CORPORATION

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

PRESSURE CLEANING

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

02/19/2001

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► 06-01-2001

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural
3

Agricultural

Household

14 Principal activity (see instructions) ► PRESSURE CLEANING

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

561 288-7232

Fax telephone number (include area code)

561 220-4005

Name and title (Please type or print clearly.) ► JAMES COX

JAMES COX

PRESIDENT

Signature ► James Cox

Date ► 04/10/2001

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying