2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-23-2002 90021 036 ***150.00

DOCUMENT # P99000090146

1. Entity Name
S.K.A. MANAGEMENT GROUP INC.

Principal Place of Business	Mailing Address
2031 N.W. 29 TERRACE FT. LAUDERDALE FL 33311	2031 N.W. 29 TERRACE FT. LAUDERDALE FL 33311

92987

2. Principal Place of Business	3. Mailing Address 4131 White Heron Dr. ~~2031 N.W.~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. Drive
City & State	City & State Orlando, Fla
Zip / Country America	Zip 32808 / Country Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BAXTER, ANGILA
2031 N.W. 29 TERRACE
FT. LAUDERDALE FL 33311

7. Name and Address of ~~New Registered~~ Agent
Name Angila D. Baxter
Street Address (P.O. Box Number is not Acceptable) 4131 White Heron Dr.
City Orlando, FL Zip Code 32808

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 Angila D. Baxter, President, Angila D. Baxter 1/31/02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAXTER, ANGILA 2031 N.W. 29 TERRACE FT. LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Angila D. Baxter, Angila D. Baxter 1/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #