

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104658

1. Entity Name  
SKYE CHAPMAN, INC.

Principal Place of Business  
1276 W WELLINGTON ST  
DELTONA FL 32725

Mailing Address  
1276 W WELLINGTON ST  
DELTONA FL 32725

2. Principal Place of Business  
910 Baylor Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
910 Baylor Dr.  
Suite, Apt. #, etc.

City & State  
Deltona, FL 32725  
Zip 32725 Country USA

City & State  
Deltona, FL  
Zip 32725 Country USA

4. FEJ Number  
59-3612173

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHAPMAN, SKYE  
1276 W WELLINGTON ST  
DELTONA FL 32725

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	D CHAPMAN, SKYE 1276 W WELLINGTON ST DELTONA FL 32725 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*SKYE CHAPMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01 407-574-2990  
Date Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90063 023 \*\*\*150.00

A0084678



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment  
A0084678  
① Draft P99000104658

09/01/01

To whom it may concern:

I called and a Representative told me to Submit a letter stating that I had not received the first report that is expected early in the year. She also said to send \$50.00. Please call me and let me know if there are any questions regarding this matter. It could have been that we changed locations and the first report was lost in the mail.

Thank you,  
Skye Chapman  
407-6574-2990  
910 Baylor Dr.  
Deltona, FL 32725