

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90404 003 ***150.00

DOCUMENT # S48674

1. Entity Name

SKYCASTLES, INC.

Principal Place of Business

Mailing Address

901 OAK REGENCY LANE
 BRANDON FL 33511-6025
 US

901 OAK REGENCY LANE
 BRANDON FL 33511-6025
 US

00053898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18002 RICHMOND PL.

3. Mailing Address

18002 RICHMOND PL.

Suite, Apt. #, etc.

Apt 316

Suite, Apt. #, etc.

APT 316

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3063127

Applied For

Not Applicable

Zip

33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MARI T
 901 OAK REGENCY LANE
 BRANDON FL 33511-6025

7. Name and Address of New Registered Agent

Name **Albert R. Fernandez**
 Street Address (P.O. Box Number is Not Acceptable) **18002 RICHMOND PL. DRIVE**
Apt 316
 City **TAMPA** FL Zip Code **33647**

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

Albert R. Fernandez, President
Mari T. Fernandez, Secretary

04-27-01

04-27-01

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	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARI T	
STREET ADDRESS	901 OAK REGENCY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERT R	
STREET ADDRESS	901 OAK REGENCY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, CESAR H	
STREET ADDRESS	2401 BAYSHORE BLVD, #201	
CITY-ST-ZIP	TAMPA FL 33629-7304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EVERTO S	
STREET ADDRESS	6800 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARI T.	
STREET ADDRESS	18002 RICHMOND PL. DR., Apt 316	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALBERT R	
STREET ADDRESS	18002 RICHMOND PL. DR., Apt 316	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, MARTA V.	
STREET ADDRESS	6800 N. LOIS AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
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: *Albert R. Fernandez* **Albert R. Fernandez, President** **813-681-8088**
Mari T. Fernandez **MARI T. FERNANDEZ, Secretary** **813-681-8088**

CR2E034 (10/00)