

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91496 026 \*\*\*150.00

**DOCUMENT # S48674**

1. Entity Name  
**SKYCASTLES, INC.**

Principal Place of Business

**18002 RICHMOND PL DR  
A316  
TAMPA FL 33647  
US**

Mailing Address

**18002 RICHMOND PL DR  
A316  
TAMPA FL 33647  
US**

2. Principal Place of Business

**10223 Estuary Drive  
Suite, Apt. #, etc.**

3. Mailing Address

**10223 Estuary Drive  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

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, ALBERT R  
18002 RICHMOND PL DR  
A316  
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **Albert R. Fernandez**  
Street Address (P.O. Box Number is Not Acceptable)  
**10223 Estuary Drive**  
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** **April 6, 2002**  
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

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>FERNANDEZ, MARI T<br/>18002 RICHMOND PL DR A316<br/>TAMPA FL 33647</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FERNANDEZ, ALBERT R<br/>18002 RICHMOND PL DR A316<br/>TAMPA FL 33647</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>FERNANDEZ, CESAR H<br/>2401 BAYSHORE BLVD, #201<br/>TAMPA FL 33629-7304</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>GONZALEZ, EVERTO S<br/>6800 N LOIS AVE<br/>TAMPA FL 33614</b> <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GONZALEZ, MARTA V<br/>6800 N LOIS AV<br/>TAMPA FL 33614</b> <input type="checkbox"/> Delete                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>FERNANDEZ, MARI T<br/>10223 Estuary Drive<br/>TAMPA, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Address</u>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FERNANDEZ, ALBERT R<br/>10223 Estuary Drive<br/>TAMPA, FL 33647</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Address</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **Albert R. Fernandez** **Albert R. FERNANDEZ, 04/04/02, (813) 681-8088**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)