

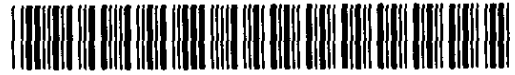
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90109 001 \*\*\*150.00

**DOCUMENT # S62232**  
 Entity Name  
**SKORMAN DEVELOPMENT CORP.**

**917950**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**LAKE ISLEWORTH CT**  
**FL 34786**

Mailing Address  
**9720 LAKE ISLEWORTH CT**  
**WINDERMERE FL 34786-8919**  
**US**

Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number **65-0274663** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SKORMAN, MARC**  
**9720 LAKE ISLEWORTH CT**  
**SUITE 14D**  
**WINDERMERE FL 34786**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (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, 2000 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**

**1. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SKORMAN, MARC</b>	
STREET ADDRESS	<b>9720 LAKE ISLEWORTH CT</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SKORMAN, KEVIN</b>	
STREET ADDRESS	<b>9720 LAKE ISLEWORTH CT</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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: *Marc Skorman* **REQUIRE** **PRESIDENT** **3/1/00** **407 351-8899**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)