

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90022 012 ***150.00

DOCUMENT # S82414

1. Entity Name

SK - TORS, INC.

Principal Place of Business

7979 EASTLAKE DR

#3B

BOCA RATON FL 33433

US

Mailing Address

7979 EASTLAKE DR

#3B

BOCA RATON FL 33433

US

2. Principal Place of Business

943 CRESSWELL LN. W.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32221

Country

DUVAL

3. Mailing Address

943 CRESSWELL LN. W.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32221

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0284370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINLAW, STEPHEN T

7979 EASTLAKE DR

#3B

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

943 CRESSWELL LN. W.

City

JACKSONVILLE

FL

Zip Code

32221

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

STEPHEN T. KINLAW, President

4/9/01

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, 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 D ☐ Delete
NAME KINLAW, STEPHEN T.
STREET ADDRESS 7979 EASTLAKE DR, #3B
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME KINLAW, BRENDA J.
STREET ADDRESS 7979 EASTLAKE DR, #3B
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 943 CRESSWELL LN. W.
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 943 CRESSWELL LN. W.
CITY-ST-ZIP JACKSONVILLE, FL. 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN T. KINLAW 4/09/01 (904) 378-0711
PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)