

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 042 ***150.00

DOCUMENT # V16006
 1. Entity Name **SKULL, INC.**

Principal Place of Business **8 TWELVE OAKS ORMOND BEACH, FL 32174**
 Mailing Address **4807 BAYSHORE BLVD. TAMPA, FL 33611**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address **C/O CHOBEE EBBETS, ESQ. 210 BEACH ST., STE. 200**

City & State **DAYTONA BEACH, FL**
 Zip **32114** Country **USA**

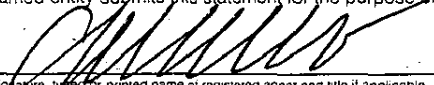
4. FEI Number **59-3119711**
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0067109

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MELISSA CLARK DALEY, P.A.
4807 BAYSHORE BLVD.
TAMPA, FL 33611

7. Name and Address of New Registered Agent
 Name **CHOBEE EBBETS, ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable)
210 SOUTH BEACH ST., SUITE 200
 City **DAYTONA BEACH FL** Zip Code **32114**

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  **CHOBEE EBBETS, ESQUIRE** 4/20/01
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

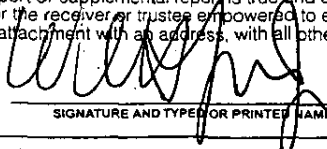
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, JAN L.	
STREET ADDRESS	8 TWELVE OAKS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILLIAM H. JONES, JR.	
STREET ADDRESS	8 TWELVE OAKS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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		

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:  **WILLIAM H. JONES, JR.** 4/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (11/00)