

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52412

1. Entity Name

SKYWAY HOMES, INC.

Principal Place of Business

216 ST. JOE PLAZA DR.
PALM COAST FL 32137
US

Mailing Address

P.O. BOX 354786
PALM COAST FL 32135-4786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3133013

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, DALE R.
1452 PECOS DRIVE
ORMOND BEACH FL 32174

Address
Change →

7. Name and Address of New Registered Agent

Name Stevenson, Dale R

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

~~18 Woodford Ln~~ 216 St. Joe Plaza

City Palm Coast.

FL

Zip Code 32164

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

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 P ☐ Delete
NAME STEVENSON, DALE
STREET ADDRESS 1452 PECOS DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE V ☐ Delete
NAME GORDON, DON
STREET ADDRESS 21 PORT ROYAL
CITY-ST-ZIP PALM COAST FL 32164

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 216 St. Joe Plaza
STREET ADDRESS Palm Coast, FL 32164
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ~~6 Buttonwell Ln~~ 216 St. Joe Plaza
STREET ADDRESS Palm Coast, FL 32164
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

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:

Dale Stevenson

1/8/01

904-445-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0452941

FILED

Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90006 024 ***158.75

C0006527



DO NOT WRITE IN THIS SPACE