

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0106085 AV

DOCUMENT # V61989

1. Entity Name

SKORMAN CONSTRUCTION, INC.

04-01-2002 90010 017 ***150.00

Principal Place of Business

Mailing Address

7575 DR PHILLIPS BLVD
SUITE 330
ORLANDO FL 32819
US

7575 DR. PHILLIPS BLVD.
SUITE 330
ORLANDO FL 32819
US



2. Principal Place of Business

2813 S. HIAWASSEE RD

3. Mailing Address

2813 S. HIAWASSEE RD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

65-0354388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKORMAN, MARC
7575 DR PHILLIPS BLVD #330
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

2813 S. HIAWASSEE RD SUITE 101

City

ORLANDO

FL

Zip Code

32835

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] **PRESIDENT**

MARC SKORMAN, PRESIDENT

3/5/02

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 **P** ☐ Delete
NAME **SKORMAN, MARC**
STREET ADDRESS **9720 LAKE ISLEWORTH CT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **VS** ☐ Delete
NAME **SKORMAN, KEVIN**
STREET ADDRESS **9720 LAKE ISLEWORTH CT**
CITY-ST-ZIP **WINDERMERE FL 34786**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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] **PRESIDENT**
MARC SKORMAN, PRESIDENT

3/5/02

407 253-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)