

2002 UNIFORM BUSINESS REPORT (UBR)

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

01060885 AV

DOCUMENT # **V61989**

1. Entity Name
SKORMAN CONSTRUCTION, INC.

04-01-2002 90010 017 ***150.00

Principal Place of Business 7575 DR PHILLIPS BLVD SUITE 330 ORLANDO FL 32819 US	Mailing Address 7575 DR. PHILLIPS BLVD. SUITE 330 ORLANDO FL 32819 US
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2. Principal Place of Business 2813 S. HIAWASSEE RD Suite, Apt. #, etc. SUITE 101	3. Mailing Address 2813 S. HIAWASSEE RD Suite, Apt. #, etc. SUITE 101
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA	4. FEI Number 65-0354388	Applied For <input type="checkbox"/> Not Applicable
Zip 32835	Country USA	Zip 32835	Country USA

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

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 *Marc Skorman* **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SKORMAN, MARC 9720 LAKE ISLEWORTH CT WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VS SKORMAN, KEVIN 9720 LAKE ISLEWORTH CT WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *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)