

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90019 031 \*\*\*150.00

**DOCUMENT # H16036**

1. Entity Name

**EASTERN SKY INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

836 EASTPORT ROAD  
 JACKSONVILLE FL 32218

836 EASTPORT ROAD  
 JACKSONVILLE FL 32218-3918

2. Principal Place of Business

11258 Hwy S3 East  
 Suite, Apt. #, etc.

3. Mailing Address

11258 Hwy S3 East  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marble Hill, GA

City & State

Marble Hill, GA

4. FEI Number

59-2463759

Applied For

Not Applicable

Zip

30148

Country

USA

Zip

30148

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEEKIN, T. GEOFFREY ESQ.  
 ONE INDEPENDENT DRIVE  
 SUITE 2200  
 JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, LINDA M.	
STREET ADDRESS	2058 NEW BERLIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, JAMES T.	
STREET ADDRESS	2058 NEW BERLIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda M. Kelly	
STREET ADDRESS	11258 Hwy 53E	
CITY-ST-ZIP	Marble Hill, GA 30148	
TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Kelly	
STREET ADDRESS	11258 Hwy 53E	
CITY-ST-ZIP	Marble Hill, GA 30148	
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: *Linda M. Kelly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00 770-893-1436  
 Date Daytime Phone #

CR2E034 (9/99)