

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90003 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000002114

1. Entity Name

SHAPCO CO d.b.a. SHAPCO ATMOSPHERIC CABINET CO.

824639

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 REGENCY RESERVE CIRCLE

Suite, Apt. #, etc.

1801

City & State

NAPLES, FL

Zip

34119

Country

USA

3. Mailing Address

770 REGENCY RESERVE CIRCLE

Suite, Apt. #, etc.

1801

City & State

NAPLES, FL

Zip

34119

Country

USA

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4. FEI Number

43-0822284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROGER A BECKERMANN

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

770 REGENCY RESERVE CIRCLE APT 1801

City

NAPLES

FL

Zip Code

34119

**DO NOT WRITE
IN THIS SPACE**

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 fee 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)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.D.
NAME ROGER A. BECKERMANN
STREET ADDRESS 770 REGENCY RESERVE CIRCLE APT 1801
CITY- ST- ZIP NAPLES, FL 34119

TITLE V.D.
NAME CAROL LOIS DANIELS
STREET ADDRESS 2455 PINE WOOD CIRCLE
CITY- ST- ZIP NAPLES, FL 33942

TITLE S.T.D.
NAME JANET M LAUT
STREET ADDRESS 1186 HIGHWAY AA
CITY- ST- ZIP FARMINGTON, MD 63640

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A BECKERMANN

Date

Daytime Phone #

CR2E034B (12/01)