

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 001 ***150.00

DOCUMENT # **G 26060**

1. Entity Name
SHAFFER + Associates INC.

Principal Place of Business: **FLORIDA**
 Mailing Address: **11 595 KELLY ROAD SUITE 204 G FORT MYERS, FL 33908**

950276

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **FLORIDA**
 Suite, Apt. #, etc.: **204 G**
 City & State: **FORT MYERS FL**
 Zip: **33908** Country: **LEE**

3. Mailing Address: **11595 KELLY ROAD SUITE 204 G FORT MYERS FL 33908**
 Suite, Apt. #, etc.: **SUITE 204 G**
 City & State: **FORT MYERS FL 33908**
 Zip: **33908** Country: **LEE**

4. FEI Number: **59-2268-185**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
CAROLANN A. SWANSON Attorney at Law ROETZEL + ANDRESS 2320 FIRST STREET SUITE 1000 FORT MYERS, FL 33901-3419

7. Name and Address of New Registered Agent
 Name: **N/A**
 Street Address (P.O. Box Number is Not Acceptable): **---**
 City: **---** State: **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. (See criteria on back)

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	
TITLE: President	<input type="checkbox"/> Delete
NAME: George C. Shaffer	
STREET ADDRESS: 11 595 Kelly Road Suite 204 G	
CITY-ST-ZIP: Fort Myers FL 33908	
TITLE: Secy. TREASURER	<input type="checkbox"/> Delete
NAME: LOUETTA A. SHAFFER	
STREET ADDRESS: 11595 Kelly Road Suite 204 G	
CITY-ST-ZIP: FORT MYERS FL 33908	
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: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: _____	
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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/4/2000** Daytime Phone #: **865-982 9822**

CR2E034 (9/99)