

**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**  
 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          | <b>President</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>George C. Shaffer</b>             |                                 |
| STREET ADDRESS | <b>11 595 Kelly Road Suite 204 G</b> |                                 |
| CITY-ST-ZIP    | <b>Fort Myers FL 33908</b>           |                                 |
| TITLE          | <b>Secy. TREASURER</b>               | <input type="checkbox"/> Delete |
| NAME           | <b>Louella A. Shaffer</b>            |                                 |
| STREET ADDRESS | <b>11595 Kelly Road Suite 204 G</b>  |                                 |
| CITY-ST-ZIP    | <b>Fort Myers FL 33908</b>           |                                 |
| 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)