

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2000 8:00 am**
Secretary of State

04-19-2000 90054 049 ***150.00

DOCUMENT # P96000046791

1. Entity Name

SHARKMART, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

90TH AVE
VERO BEACH FL 329679490 90TH AVE
VERO BEACH FL 32967-3554
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0674583**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCHUGH, JOHN J JR.
333 17TH STREET, SUITE U
VERO BEACH FL 32960

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. (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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	CAMERON, SCOTT A	9490 90TH AVE	VERO BEACH FL 32967	<input checked="" type="checkbox"/>
D	BRYANT, KATHY L	1110 OLD DIXIE, SUITE A-7	VERO BEACH FL 32960	<input type="checkbox"/>
VP	BRYANT, HEATHER R	9490 90TH AVE	VERO BEACH FL 32967	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	BRYANT, KATHY L	953 OLD DIXIE, SUITE B-2	VERO BCH, FL 32960	<input checked="" type="checkbox"/>
SEC	BRYANT, DAN R	953 OLD DIXIE, SUITE B-2	VERO BCH, FL 32960	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (9/99)

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

Daytime Phone #

Kathy L Bryant **4/12/00** **561) 567-5320**