

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90935 013 ***150.00

DOCUMENT # P96000062658

1. Entity Name
109, INC.

Principal Place of Business
**1167 3RD STREET SOUTH #101
NAPLES FL 34102**

Mailing Address
**1167 3RD STREET SOUTH #101
NAPLES FL 34102**

2. Principal Place of Business
571 AIRPORT RD. N.
Suite, Apt. #, etc.

3. Mailing Address
40 FIBBER MC GEE'S COURT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL
Zip
34104 Country

City & State
NAPLES, FL
Zip
34104 Country

4. FEI Number **59-3394729**

Applied For
Not Applicable

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

SHEAF, STEVEN L
1167 3RD STREET SOUTH #101
NAPLES FL 34102

Name **SHEAF, STEVEN L**
Street Address (P.O. Box Number is Not Acceptable)
40 FIBBER MC GEE'S COURT
571 AIRPORT RD. N.
City **NAPLES** FL Zip Code **34104**

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 **STEVEN SHEAF**

DATE **4/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **D** ☐ Delete
NAME **SHEAF, STEVEN L**
STREET ADDRESS **1167 3RD STREET SOUTH #101**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Change ☐ Addition
NAME **SHEAF, STEVEN L**
STREET ADDRESS **571 AIRPORT RD. N.**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete
NAME **SHEAF, WILLIAM**
STREET ADDRESS **1167 3RD STREET SOUTH #101**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Change ☐ Addition
NAME **SHEAF, WILLIAM**
STREET ADDRESS **571 AIRPORT RD. N.**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☒ Delete
NAME **SHEAF, WILLIAM M**
STREET ADDRESS **1167 3RD STREET SOUTH #101**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Change ☐ Addition
NAME **SHEAF WILLIAM M**
STREET ADDRESS **571 AIRPORT RD. N.**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

STEVEN SHEAF **4/25/01** **(941) 643-5113**

CR2E034 (10/00)