

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072138

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 022 ***550.00

1. Entity Name
SHUBERT, INC.

Principal Place of Business
 1003 MAYER DR.
 JACKSONVILLE FL 32211

Mailing Address
 1003 MAYER DR.
 JACKSONVILLE FL 32211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-35 92889

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

SHUBERT, BRENDA
 1003 MAYER DR.
 JACKSONVILLE FL 32211

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 Brenda Shubert, president

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **D SHUBERT, BRENDA**
 STREET ADDRESS **1003 MAYER DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE Change Addition
 NAME **Vice president**
 STREET ADDRESS **Bobby Shubert**
 CITY-ST-ZIP **1003 Mayer Dr Jacksonville, FL 32211**

TITLE Delete
 NAME **PVST SHUBERT, BRENDA**
 STREET ADDRESS **1003 MAYER DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 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: Brenda Shubert, president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00 904 727-5376

Date

Daytime Phone #

CR2E034 (5/00)