

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **P95000054420**

1. Entity Name

SHIELD PRODUCTS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:51

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-12/01/00--01002--002
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4060 CORRIENTES CT SO. --Mailing Address
JACKSONVILLE, FL 32217

2. Principal Place of Business 3. Mailing Address
6525 Greenland Rd Suite, Apt. #, etc.

City & State City & State
Jacksonville, Fl Zip Country
32258 USA

4. FEI Number Applied For
FEI59-3324356 Not Applicable

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

6. Name and Address of Current Registered Agent

Robert E. Diefendorf
10150 Belle Rive Blvd
Apt 2105
Jacksonville, Fl 32256

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | Pres. | <input type="checkbox"/> Delete |
| NAME | Robert E. Diefendorf | |
| STREET ADDRESS | 10150 Belle Rive Blvd. | |
| CITY-ST-ZIP | Jacksonville, Fl 32256 | |
| TITLE | Vice Pres | <input type="checkbox"/> Delete |
| NAME | Marion C. Johnson | |
| STREET ADDRESS | 4060 Corrientes Ct. So. | |
| CITY-ST-ZIP | Jacksonville, Fl 32217 | |
| 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:

Robert E Diefendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00 1-904-8806060
Date Daytime Phone #

CR2E034 (9/99)

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To: Department of State
Reference: Late Filing
Date: 11/1/00

Shield Products Inc. Never received it's annual report due to a company move and that mail was not forwarded to us. When we realized this had not been done we called the annual report office to request the forms and state our predicament. We requested the annual report be mailed to our new address. That was never done. I was going through my files recently and found this still had not been sent in yet so I called and requested the annual report form again. This time it was sent to us and we are returning it post haste. We hope you can accept the original fee as we would have gladly paid it in a timely fashion had we been able to.

Respectfully



Robert E. Diefendorf Pres
Shield Products Inc.
4060 Corrientes Ct So.
Jacksonville, Fl 32217