

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000012376

Entity Name

SHADES INTERNATIONAL TRADING INC.

FILED

Jun 15, 2001 8:00 am
Secretary of State

05-22-2001 90051 017 ***150.00

74530

Principal Place of Business
7141 4TH ST N
SC PETERSBURG
FL 33702

Mailing Address

7141 4TH ST N
SC PETERSBURG
FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520744

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-

NEWLAND JAMES
7141 4TH ST N
SC PETERSBURG
FL 33702

Name JAMES NEWLAND

Street Address (P.O. Box Number is Not Acceptable)

7141 4TH ST N

City SC PETERSBURG

FL

Zip Code 33702

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.

JAMES NEWLAND

(NOTE: Registered Agent signature required when reinstating)

6.11.01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWLAND, JAMES
7141 4TH ST N
SC PERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWLAND CLAUDE
7141 4TH ST N
SC PERS FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

JAMES NEWLAND

J. NEWLAND

727 526 9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (11/00)