

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90886 044 ***150.00

DOCUMENT # P96000062658 ✓
1. Entity Name
109, INC.

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 571 AIRPORT RD NORTH Suite, Apt. #, etc.	3. Mailing Address 571 AIRPORT RD NORTH Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 59-3394729	Applied For Not Applicable
Zip 34104	Country U.S.A.	Zip 34104	Country U.S.A.
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STEVEN L. SHEAF
Street Address (P.O. Box Number is Not Acceptable) 5715 AIRPORT RD NORTH
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 _____ 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)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN L. SHEAF 571 AIRPORT RD NORTH NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM SHEAF 571 AIRPORT RD NORTH NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM M. SHEAF 571 AIRPORT RD NORTH NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SHEAF 4/29/02 239-643-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)