

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 229723

1. Entity Name

SHIP SHAPE BUILDING MAINTENANCE CO, INC.

Principal Place of Business

2233 WEST FAIRBANKS AVENUE  
WINTER PARK FL 32789

Mailing Address

2233 WEST FAIRBANKS AVENUE  
WINTER PARK FL 32789-4509

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CANADY, PHYLLIS A.  
2233 W FAIRBANKS AVE  
WINTER PARK FL 32789

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	P	<input type="checkbox"/> Delete
NAME	KNIGHT, APRIL	
STREET ADDRESS	2233 W FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PK FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CANADY, PHYLLIS A	
STREET ADDRESS	2233 W FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANADY, ROBERT L	
STREET ADDRESS	200 BAYMEADOW ROAD	
CITY-ST-ZIP	LONGWOOD, FL 00000	
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:

*Phyllis A. Canady* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90007 037 \*\*\*150.00

140432



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-0877715	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

CR2E034 (9/99)