

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 346029

1. Entity Name

SHEY ASSOCIATES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90116 022 ***150.00

Principal Place of Business

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

Mailing Address

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607-6019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1259558

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

SHEY, LAURA
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME SHEY, LAURA
STREET ADDRESS 6110 NW 1ST PL, STE A
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VPD ☒ Change ☐ Addition
NAME SHEY, LISA R
STREET ADDRESS 6110 NW 1ST PLACE, STE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VD ☒ Delete
NAME KNOCK, JEFFREY
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE STD ☒ Change ☐ Addition
NAME KNOCK, JEFFREY, L
STREET ADDRESS 6110 NW 1ST PL, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE PD ☐ Delete
NAME SHEY, LAURA
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Signature of President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 (352) 331-668
Date Daytime Phone #

CR2E034 (9/99)