

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 507908

1. Entity Name

SHIRLORN, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90086 041 \*\*\*150.00

0079493

Principal Place of Business  
529 S INDUSTRY RD  
COCOA FL 32926  
US

Mailing Address  
529 S INDUSTRY RD  
COCOA FL 32926  
US

00040703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1681927

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

ADAMS, BENJAMIN F.  
445 WILLOWGREEN LN  
TITUSVILLE FL 32780

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, 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 VP  
NAME ADAMS, LORNA M  
STREET ADDRESS 445 WILLOWGREEN LN  
CITY-ST-ZIP TITUSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME ADAMS, B.F.  
STREET ADDRESS 445 WILLOW GREEN LN.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)