

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516560

1. Entity Name

SHOCK WAREHOUSE, INC.

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90102 050 \*\*\*150.00

Principal Place of Business

636 NE 40 COURT  
OAKLAND PARK FL 33334

Mailing Address

636 NE 40 COURT  
OAKLAND PARK FL 33063-7731

2. Principal Place of Business

5425 NW 24 ST

Suite, Apt. #, etc.

Suite 209

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

3. Mailing Address

5425 NW 24 ST

Suite, Apt. #, etc.

Suite 209

City & State

MARGATE FL

Zip

33063

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0157851

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

REBMAN, RAMONA A.  
2650 ALOE AVE.  
COCONUT CREEK FL 33063

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
REBMAN, RAMONA A.  
2650 ALOE AVE.  
COCONUT CREEK FL 33063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JOHNSTON, WALTER W.  
2650 ALOE AVE.  
COCONUT CREEK FL 33063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Date

Daytime Phone #

CR2E034 (9/99)