

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90006 002 ***150.00

DOCUMENT # 530006

1. Entity Name

THE SHELLABARGER COMPANY, INC.

Principal Place of Business

**1250 TAMiami TrL N.
 #302
 NAPLES FL 34102
 US**

Mailing Address

**1250 TAMiami TrL N.
 #302
 NAPLES FL 34102
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 340

NAPLES, FL

34106

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1728303**

Applied For...

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELLABARGER, JERRY E.
 1250 TAMiami TrL N.
 #302
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

JERRY E. SHELLABARGER

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

1015 4th Street S.

City

NAPLES

FL

Zip Code

34102

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

TITLE **PD** ☐ Delete
 NAME **SHELLABARGER, JERRY**
 STREET ADDRESS **1250 TAMiami TrL N**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **JERRY SHELLABARGER**
 STREET ADDRESS **1015 4TH STREET S.**
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **VP** ☐ Change ☒ Addition
 NAME **hinda C Shellabarger**
 STREET ADDRESS **1015 4th St. S.**
 CITY-ST-ZIP **NAPLES, FL 34102**

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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

1/23/01

Date

Daytime Phone #

CR2E034 (10/00)