

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550226

1. Entity Name

JAMES SHORT & SONS, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90078 031 \*\*\*150.00

Principal Place of Business

5271 GEORGIA AVENUE  
NAPLES FL 34113  
US

Mailing Address

5271 GEORGIA AVENUE  
NAPLES FL 34113-8723  
US

2. Principal Place of Business

Same

3. Mailing Address

5271 Georgia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples

City & State

City & State

FL

4. FEI Number

59-1816883

Applied For

Not Applicable

Zip

Country

Zip

Country

34113

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGNER, THEODORE K  
3037 E COMMERCIAL BLVD.  
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Same

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

Theodore K Egnor

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

3/07-00

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	PTD	<input type="checkbox"/> Delete
NAME	SHORT, JOYCE M	
STREET ADDRESS	5271 GEORGIA AVENUE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHORT, JOYCE M.	
STREET ADDRESS	5271 GEORGIA AVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHORT, JOYCE M.	
STREET ADDRESS	5271 GEORGIA AVE.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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:

JAMES SHORT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-00

Date

Daytime Phone #

7755725

CR2E034 (9/99)