

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583494

1. Entity Name

SHOE BOAT, Inc.

Principal Place of Business

Mailing Address

9131-7 College Parkway
Ft. Myers, FL 33919

FILED

00 SEP -8 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9108/00-90005-023 \$70.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1841460

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

TAB HALBERG

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

9120 Bayberry Bend #204

City

Ft. Myers

FL

Zip Code

33908

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

TAB HALBERG President

8/8/2000

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

(NOTE: Registered Agent signature required when re-registering)

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 \$500.00
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 P
NAME Edward HALBERG Jr.
STREET ADDRESS 13141 RALEIGH LN. F-1
CITY-ST-ZIP FT. MYERS, FL 33919 ☒ Delete

TITLE P
NAME TAB HALBERG
STREET ADDRESS 9120 Bayberry Bend #204
CITY-ST-ZIP FT. MYERS, FL 33908 ☒ Change ☐ Addition

TITLE V
NAME JOAN HALBERG
STREET ADDRESS 13141 RALEIGH LN. F-1
CITY-ST-ZIP FT. MYERS, FL 33919 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

TAB HALBERG TAB HALBERG (P)

9/5/00

941-481-3404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3404

CR2E034 (9/99)

9/11