

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604119

1. Entity Name

BRUCE G. SHAFFNER, P.A.

Principal Place of Business

~~2395 DAVIE BOULEVARD
FT. LAUDERDALE FL 33312~~

Mailing Address

~~2395 DAVIE BOULEVARD
FT. LAUDERDALE FL 33316-1937~~

2. Principal Place of Business

400 SE 12TH ST

3. Mailing Address

400 SE 12TH ST

Suite, Apt. #, etc.

Bldg A

Suite, Apt. #, etc.

Bldg A

City & State

FT. Laud. Fla

City & State

FT. Laud. Fla.

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

59-1456736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFNER, BRUCE G.
2395 DAVIE BOULEVARD
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

BRUCE G. SHAFFNER

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

400 SE 12TH ST Bldg A

City

FT. Laud.

FL

Zip Code

33316

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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	SHAFFNER, BRUCE G	
STREET ADDRESS	2395 DAVIE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUCE G. SHAFFNER		
STREET ADDRESS	400 SE 12 TH ST BLDG A		
CITY-ST-ZIP	FT. LAUD. FL 33316		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE G. SHAFFNER

1-6-00

Date

954-765-5760

Daytime Phone #

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90018 025 ***150.00

A0002876



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)