

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90060 042 ***150.00

DOCUMENT # **622416** ✓
 Entity Name
Shirley Gadol Co.

Principal Place of Business Mailing Address
3325 NE 38th **3325 NE 38th**
7. Lauderdale, Fl. 33308 **7. Lauderdale, Fl. 33308**

812009

DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1925162**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Gadol, Shirley
3325 NE 38th
7. Lauderdale, Fl. 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		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		

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: **Shirley Gadol Mrs Shirley Gadol 2-4-00** **954 5633972**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)