

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90376 012 ***150.00

DOCUMENT # 684364

1. Entity Name

SHEEHAN REALTY CORPORATION

Principal Place of Business

~~140 INTRACOASTAL POINT DR~~

~~403~~

JUPITER FL 33477

US

Mailing Address

~~140 INTRACOASTAL POINTE DR~~

~~403~~

JUPITER FL 33477

US

80089338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

825 U.S. Hwy One

Suite, Apt. #, etc.

Suite 240

City & State

Jupiter, FL

Zip

33477

Country

U.S.A

3. Mailing Address

825 U.S. Hwy One

Suite, Apt. #, etc.

Suite 240

City & State

Jupiter, FL

Zip

33477

Country

USA

4. FEI Number

59-2069909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEEHAN, RICHARD C.

140 INTRACOASTAL POINTE DR

403

JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

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

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, 2002 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: PST
 NAME: SHEEHAN, RICHARD C ☐ Delete
 STREET ADDRESS: 140 INTRACOASTAL POINTE DR, 403
 CITY-ST-ZIP: JUPITER FL

TITLE: VP
 NAME: SHEEHAN, SUSAN B ☐ Delete
 STREET ADDRESS: 140 INTRACOASTAL POINTE DR, 403
 CITY-ST-ZIP: JUPITER FL

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: 825 U.S. Hwy One, Suite 240
 CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: 825 U.S. Hwy One, Suite 240
 CITY-ST-ZIP:

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

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

TITLE: ☐ Change ☐ 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)