

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90035 033 ***150.00

DOCUMENT # F01000002114

1. Entity Name

SHAPCO ATMOSPHERIC CABINET CO.



DO NOT WRITE IN THIS SPACE

94014018

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2. Principal Place of Business

770 Regency Reserve Cir

Suite, Apt. #, etc.
#1801

City & State
Naples, FL

Zip
34119

Country
USA

3. Mailing Address

770 Regency Reserve Cir

Suite, Apt. #, etc.
#1801

City & State
Naples, FL

Zip
34119

Country
USA

4. FEI Number

43-0822284

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Roger A. Beckermann

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

770 Regency Reserve Circle #1801

City
Naples

FL

Zip Code
34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. C/P/D

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/P/D
Roger A. Beckermann
770 Regency Reserve Cir #1801
Naples, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Carol Lois Daniels
2455 Pine Wood Circle
Naples, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
Janet M. Laut
1186 Highway AA
Farmington, MO 63640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

ROGER A. BECKERMAN

SIGNATURE: ROGER A. BECKERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/04 239-353-6931

Date

Daytime Phone #

CR2E034B (12/02)