

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

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 040 ***150.00

DOCUMENT # F02000005736	
1. Entity Name	
ALLAN SHAIVITZ ASSOCIATES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7010 HONEYSUCKLE TRAIL Suite, Apt. #, etc.	3. Mailing Address 7010 HONEYSUCKLE TRAIL Suite, Apt. #, etc.
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City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34202-2928	Country USA

4. FEI Number 52-1089133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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60023761

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ALLAN SHAIVITZ	
Street Address (P.O. Box Number is Not Acceptable) 7010 HONEYSUCKLE TRAIL	
City BRADENTON	Zip Code 34202-2928

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: ALLAN SHAIVITZ ALLAN SHAIVITZ PRESIDENT 4-8-08
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALLAN SHAIVITZ 7010 HONEYSUCKLE TRAIL BRADENTON, FL 34202-2928
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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.

SIGNATURE: ALLAN SHAIVITZ ALLAN SHAIVITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08 941-907-16695
Date Daytime Phone #