

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90210 039 ***150.00

DOCUMENT # F64522

1. Entity Name

SHEMARTONE, INC.

Principal Place of Business

**2 N TAMiami TRL
 SUITE 408
 SARASOTA FL 34236
 US**

Mailing Address

**2 N TAMiami TRL
 SUITE 408
 SARASOTA FL 34236
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2148960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTIROME, ANTHONY D
 2 N TAMiami TRL
 SUITE 408
 SARASOTA FL 34236**

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

SIGNATURE

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

Ma

State of Florida.

DATE

Campaign Financing
 Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

YES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE **PD**
 NAME **BOLLOM, J W**
 STREET ADDRESS **16 FOREST RIDGE**
 CITY-ST-ZIP **KESTON KE**

CITY-ST-ZIP

TITLE **D**
 NAME **ROWBOTHAM, SHEILA**
 STREET ADDRESS **2033 MAIN ST. #600**
 CITY-ST-ZIP **SARATOTA, FL 00000**

☐ Delete

CITY-ST-ZIP

TITLE **D**
 NAME **BOLLOM, ANTHONY JOHN**
 STREET ADDRESS **2 N TAMiami TRL, SUITE 408**
 CITY-ST-ZIP **SARATOTA, FL 00000 34236**

☐ Delete

CITY-ST-ZIP

TITLE **VPD**
 NAME **ROWBOTHAM, SHEILA**
 STREET ADDRESS **2 N TAMiami TRL, SUITE 408**
 CITY-ST-ZIP **SARASOTA FL 34236**

☐ Delete

CITY-ST-ZIP

TITLE **VP**
 NAME **BOLLOM, MARTIN PATRICK**
 STREET ADDRESS **5 WHITECROFT RD**
 CITY-ST-ZIP **BECKHAM KE BR3 3**

☐ Delete

CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.W. BOLLOM PRESIDENT - DIRECTOR

01/09/2001 (941) 955-5541

Daytime Phone #

CR2E034 (10/00)