

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005064

1. Entity Name

SHIELDS FINANCIAL SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90008 031 ***150.00

Principal Place of Business

Mailing Address

220 LAKE SHORE DR.
LAKE PARK FL 33403

PO BOX 12488
LAKE PARK FL 33403-0488
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

316 Southwind Ct.

3. Mailing Address

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

North Palm Beach FL

City & State

4. FEI Number

05-0452891

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

Country

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

OFFICE

SHIELDS, WILLIAM B

220 LAKE SHORE DR.
SUITE 4
LAKE PARK FL 33403

Name

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

316 Southwind Ct. #106

City

North Palm Beach FL

Zip Code

33408

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

William B. Shields
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2/22/2000
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHIELDS, WILLIAM B	
STREET ADDRESS	220 LAKE SHORE DR., #4	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHIELDS, JOANNE K	
STREET ADDRESS	220 LAKE SHORE DR., #4	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	316 Southwind Ct. #106
CITY-ST-ZIP	NORTH Palm Beach FL 33408
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	316 Southwind Ct. #106
CITY-ST-ZIP	North Palm Beach FL 33408
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	

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 a letter like empowered.

SIGNATURE:

William B. Shields PTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 808-1384

CR2E034 (9/99)