

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90278 006 ***150.00

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1. Entity Name

SHIELDS FINANCIAL SERVICES, INC.

Principal Place of Business

**316 SOUTHWIND CT
 #106
 NORTH PALM BEACH FL 33408
 US**

Mailing Address

**PO BOX 12488
 LAKE PARK FL 33403
 US**



2. Principal Place of Business

320 Southwind Ct.

3. Mailing Address

P.O. 530488

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach FL

City & State

Lake Park FL

4. FEI Number

05-0452891

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33403-8908

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, WILLIAM B
 316 SOUTHWIND CT
 #106
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

Shields, William B

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

**320 Southwind Ct
 #109**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

2/25/02

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 **PTD** ☐ Delete
 NAME **SHIELDS, WILLIAM B**
 STREET ADDRESS **316 SOUTHWIND CT #106**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VSD** ☐ Delete
 NAME **SHIELDS, JOANNE K**
 STREET ADDRESS **316 SOUTHWIND CT #106**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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 **→ 320 Southwind Ct. #109**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **→ 320 Southwind Ct #109**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 561-848-1384
 Date Daytime Phone #

CR2E034 (9/01)