## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address
380 COLUMBIA DR

3. Mailing Address

City & State

Suite, Apt. #, etc.

W PALM BCH FL 33409-1977

STE 105

US

## **DOCUMENT # G18950**

1. Entity Name

380 COLUMBIA DR STE 105

W PALM BCH FL 33409

Suite, Apt. #, etc.

City & State

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

380 COLUMBIA DR #105

13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true as of the corporation or the receiver of trustee empowered changed, or on an attachment with an address, with all of the corporation.

W. PALM BEACH FL

## SHELMET CORPORATION

Principal Place of Business

2. Principal Place of Business

| •  |  | J                               |  | j   | 397240333  | 1_1       | Vot Applicable          |  |
|--|--|---------------------------------|--|---|--|-----------|-------------------------|--|
| Zip  | Country Zip Country  |                                 | 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                       |  |           |                         |  |
|  |  | · · · · · · · · · · · · · · · · | Name   |   |  |           |                         |  |
| SCOTT, GREGORY<br>1645 PALM BCH LAKES BLVD, 1200 |  |                                 | Street Addre   | Street Address (P.O. Box Number is Not Acceptable)                |  |           |                         |  |
|  | 5 PALM BEACH LAKES BLVD.<br>St Palm BCH Fl. 33401                              |                                 | <u></u>  |   |  |           |                         |  |
| ****   | THE SOUTH CONTRACT   |                                 | City   |   |  | FL Zip Co | de<br>                  |  |
|  | e named entity submits this statement f  | or the purpose of changing it   | s registered office or regi  | stered ag   | ent, or both, in the State of Florida.                   |           |                         |  |
| SIGNATURE  | Signature, typed or printed name of registered ager                            | at and title if applicable. (NC | TE: Registered Agent signature rec   | quirad when re  | einstating) D  | ATE       |                         |  |
| Tax filing                                       | oration is eligible to satisfy its Intangible requirement and elects to do so. | After MAY 1, 2                  | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State |   | Election Campaign Financing     Trust Fund Contribution. |           | 00 May Be<br>ed to Fees |  |
| 11. OFFICERS AND DIRECTORS 11                    |  |                                 | 12,  | QA_   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |           |                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            | C<br>DERER, SHELDON<br>380 COLUMBIA DR #105<br>W. PALM BEACH FL                | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change  | Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            | PD DERER, GARY 380 COLUMBIA DR #105 W. PALM BEACH FL                           | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | Change    | Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            | V<br>NADLER, JEFF<br>380 COLUMBIA DR #105<br>W. PALM BEACH FL                  | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change  | ☐ Addition              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            | S<br>DERER, CAROL A<br>380 COLUMBIA DR #105<br>W. PALM BEACH FL                | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | Change    | Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>DERER, KIMBERLY<br>380 COLUMBIA DR #105<br>W. PALM BEACH FL               | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | ☐ Change  | ☐ Addition              |  |
| TITLE<br>NAME                                    | D<br>DERER, BARBARA  | ☐ Delete                        | TITLE<br>NAME  |   |  | ☐ Change  | Addition                |  |

STREET ADDRESS

o qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

bo 561-688-9700

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90030 047 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

59-2246553

4. FEI Number

Applied For