

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G 26060**

1. Entity Name
SHAFFER & Associates INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 001 ***150.00

Principal Place of Business
FLORIDA

Mailing Address
**11595 Kelly Road
Suite 204 G
Fort Myers, FL 33908**

950276

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FLORIDA

3. Mailing Address
**11595 Kelly Road
Suite 204 G**

Suite, Apt. #, etc.
204 G

City & State
Fort Myers FL

City & State
Fort Myers FL 33908

Zip
33908

Country
LEE

Zip
33908

Country
LEE

4. FEI Number
59-2268-185

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CAROLANN A. SWANSON Attorney
ROETZEL + ANDRESS
2320 First Street
Suite 1000
Fort Myers, FL 33901-3419**

7. Name and Address of New Registered Agent
Name
N/A

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

City
— **FL** Zip Code
—

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

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

TITLE President	<input type="checkbox"/> Delete
NAME George C. Shaffer	
STREET ADDRESS 11595 Kelly Road Suite 204 G	
CITY-ST-ZIP Fort Myers FL 33908	
TITLE Sec. TREASURER	<input type="checkbox"/> Delete
NAME Louella A. Shaffer	
STREET ADDRESS 11595 Kelly Road Suite 204 G	
CITY-ST-ZIP Fort Myers FL 33908	
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

**865-982
9822**

Daytime Phone #

CR2E034 (9/99)