

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90127 009 ***150.00

DOCUMENT # G71900

1. Entity Name
SOUTH FLORIDA VERTICALS & SUPPLIERS, INC.



Principal Place of Business
**3355 S.W. 42ND AVE., BAY-B
PALM CITY FL 34990**

Mailing Address
**3355 S.W. 42ND AVE., BAY-B
PALM CITY FL 34990**

MOVED

MOVED



2. Principal Place of Business

6591 43ST.N.

3. Mailing Address

SAME 6591 43ST.N.

Suite, Apt. #, etc.

B106-13-1304

Suite, Apt. #, etc.

B106-13-1304

City & State

PIDELLAS PARK FL

City & State

FL-PIDELLAS PARK

Zip

33781

Country

USA

Zip

33781

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2615714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHINN, PATRICIA G
4727 PARADISE WAY SE
ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

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 of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patricia G. Shinn**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **SHINN, THOMAS D**
STREET ADDRESS **6854 SW 39TH ST**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **V** ☐ Delete
NAME **SHINN, PATRICIA G**
STREET ADDRESS **4727 PARADISE WAY S.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia G. Shinn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 727-521-9303

Date

Daytime Phone #

CR2E034 (10/02)