

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85510

1. Entity Name

SHUMAN CONSTRUCTION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90160 018 ***150.00

Principal Place of Business

Mailing Address

8406 MITCHELL AVE.
TAMPA FL 33604

8406 MITCHELL AVE.
TAMPA FL 33604-1625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2393583

Applied For

Not Applicable

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

STUART, STEPHEN K., ESQ.
STUART, GRAMOVOT & STRICKLAND, P.A.
605 SOUTH BOULEVARD
TAMPA FL 33606

Name

James A. Shuman

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

22152 Hale Road

City

Land O' Lakes

FL

Zip Code

34639-3737

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

James A. Shuman

James A. Shuman

3/7/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHUMAN, JAMES A.	
STREET ADDRESS	22152 HALE ROAD	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHUMAN, CHRISTINE G.	
STREET ADDRESS	22152 HALE ROAD	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:

Christine G. Shuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000

Date

813-932-3473

Daytime Phone #

Christine G. Shuman - Secretary

CR2E034 (9/99)