

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91011 014 ***150.00

DOCUMENT # H13251

1. Entity Name

REUEL B. SHEALY, INC.

Principal Place of Business

C/O REUEL B. SHEALY
606 NORTHEAST 35TH STREET
OCALA FL 34479

Mailing Address

C/O REUEL B. SHEALY
606 NORTHEAST 35TH STREET
OCALA FL 34479

2. Principal Place of Business

606 N.E. 35th St.

Suite, Apt. #, etc.

3. Mailing Address

606 N.E. 35th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number 59-2439073

Applied For

Not Applicable

Zip

Country

Marion

Zip

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEALY, PRESTON R.
411 NE 35TH ST
OCALA FL 34479

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.

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS SHEALY, REUEL B.
CITY-ST-ZIP 606 NORTHEAST 35TH ST.
OCALA FL

TITLE ☐ Delete
NAME DST
STREET ADDRESS SHEALY, EVELYN O.
CITY-ST-ZIP 606 NORTHEAST 35TH ST.
OCALA FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SHEALY, PRESTON R.
CITY-ST-ZIP 411 NE 35TH ST
OCALA FL 34479

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Evelyn O. Shealy EVELYN O. SHEALY

4/27/01 - 629-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)