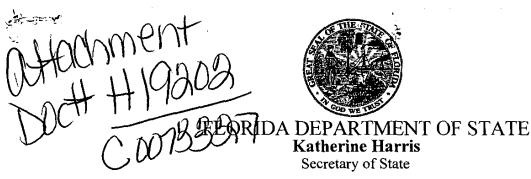
## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 12, 2001 8:00 am **Secretary of State** DOCUMENT # H19202 1. Entity Name 06-26-2001 90006 033 \*\*\*150.00 SHOAF AND SON, INC. 07-12-2001 90123 024 \*\*\*400.00 Principal Place of Business Mailing Address 00073327 5240 S W 37TH ST 5240 S W 37TH ST OCALA FL 32674 OCALA FL 32674 2. Principal Place of Business 3. Mailing Address 5260 SW 21 PL 5260 SW 21 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2464557 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MARLON ARLON Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORF, LEAN -L. UR SHOAF, LEON I., JR. Street Address (P.O. Box Number is Not Acceptable) 5240 S W 37TH ST OCALA FL 5260 SW 21 PL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition CR2E034 (10/00) TITLE Delete TITLE SHOAF, LEON I., JR. NAME NAME 5260 SW 21 BE STREET ADDRESS STREET ADDRESS 5240 S W 37TH ST CITY-SI-ZIP OCA41, FL 34474 CITY-ST-7IP OCALA FL TITLE ☐ Delete TITLE Change ☐ Addition SHOAF, JILL I. NAME NAME STREET ADDRESS STREET ADDRESS 5240 S W 37TH ST CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SHOAF, LEON I., SR. NAME NAME STREET ADDRESS 610 SE 17TH PLACE STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP OCALA FL Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Oelete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 it changed, or on an attachanget with an address, with all other like empowered.

OFFICER OR DIRECTOR

FILED



June 27, 2001

SHOAF AND SON, INC. 5260 SW 21ST PLACE OCALA, FL 34474 US

Subject: SHOAF AND SON, INC.

Reference

.H19202

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg

ANNUAL REPORTS SECTION