

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**06-26-2001 90006 033 \*\*\*150.00  
07-12-2001 90123 024 \*\*\*400.00**DOCUMENT # H19202**

1. Entity Name

SHOAF AND SON, INC. ✓

Principal Place of Business

5240 S W 37TH ST  
OCALA FL 32674  
US

Mailing Address

5240 S W 37TH ST  
OCALA FL 32674  
US

C0073327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 SW 21 PL  
Suite, Apt. #, etc.

3. Mailing Address

5260 SW 21 PL  
Suite, Apt. #, etc.

City &amp; State

OCALA, FL

City &amp; State

OCALA, FL

4. FEI Number

59-2464557

Applied For

Not Applicable

Zip

34474

Country

MARION

Zip

34474

Country

MARION

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

6. Name and Address of Current Registered Agent

SHOAF, LEON I., JR.  
5240 S W 37TH ST  
OCALA FL

7. Name and Address of New Registered Agent

Name  
SHOAF, LEON I., JR.

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

5260 SW 21 PL

City OCALA

FL

Zip Code  
34474

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHOAF, LEON I., JR. 5240 S W 37TH ST OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOAF, JILL I. 5240 S W 37TH ST OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOAF, LEON I., SR. 610 SE 17TH PLACE OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5260 SW 21 PL OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5260 SW 21 PL OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

6-21-01

Date

352-237-4710

Daytime Phone #

CR2E034 (10/00)

Attachment  
Doct H19202  
C0073507



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

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