

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90636 020 ***150.00

DOCUMENT # H19202

1. Entity Name
SHOAF AND SON, INC.

Principal Place of Business

**5260 SW 21ST PL.
 Ocala FL 34474
 US**

Mailing Address

**5260 SW 21ST PL.
 Ocala FL 34474
 US**

2. Principal Place of Business

4931 SW 128 ST

Suite, Apt. #, etc.

3. Mailing Address

4931 SW 128 ST

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip
34473

Country
USA

Zip
34473

Country
USA

4. FEI Number

59-2464557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHOAF, LEON I., JR.
 5260 SW 21ST PL.
 Ocala FL 34474**

7. Name and Address of New Registered Agent

Name
SHOAF, LEON I., JR.

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

4931 SW 128 ST

City
Ocala

FL

Zip Code
34473

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, 2002 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
PD
 NAME
SHOAF, LEON I., JR.
 STREET ADDRESS
5260 SW 21ST PL.
 CITY-ST-ZIP
Ocala FL 34474 ☐ Delete

TITLE
D
 NAME
SHOAF, JILL I.
 STREET ADDRESS
5260 SW 21ST PL.
 CITY-ST-ZIP
Ocala FL 34474 ☐ Delete

TITLE
D
 NAME
SHOAF, LEON I., SR.
 STREET ADDRESS
610 SE 17TH PLACE
 CITY-ST-ZIP
Ocala FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
SHOAF, LEON I., JR.
 STREET ADDRESS
4931 SW 128 ST
 CITY-ST-ZIP
Ocala, FL 34473 ☒ Change ☐ Addition
Address chg. only

TITLE
D
 NAME
SHOAF, JILL I.
 STREET ADDRESS
4931 SW 128 ST
 CITY-ST-ZIP
Ocala, FL 34473 ☒ Change ☐ Addition
Address chg. only

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

352-307-3203

Daytime Phone #

CR2E034 (9/01)