

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90017 045 ***150.00

DOCUMENT # H56380

1. Entity Name
JOHN SHARP ASSOCITES, INC.

R

Principal Place of Business

660 ISLAND WAY
 APARTMENT 406
 CLEARWATER FL 34630

Mailing Address

660 ISLAND WAY
 APARTMENT 406
 CLEARWATER FL 34630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2552386**

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

SCHLEBEN, MARK
1002 DREW STREET
CLEARWATER FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, JOHN R. JR. 660 ISLAND WAY #406 CLEARWATER BEACH FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHARP, JANE 660 ISLAND WAY #406 CLEARWATER BEACH FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARP, JOHN R. III 944 CLEVELAND AVE APOPKA FL 32703	<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

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
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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:

John R. Sharp Jr.
JOHN R. SHARP JR.

July 7, 2000
727-447-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Doc # H56380

ADD 67609

John Sharp Associates

MANUFACTURERS REPRESENTATIVES
660 ISLAND WAY APT. 406 CLEARWATER, FLORIDA 33515
(813) 447-7747

~~DIVISION OF CORPORATIONS~~

JULY 7, 2000

~~UNIFORM BUSINESS REPORT FILINGS~~

P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

GENTLEMEN,

ENCLOSED FIND CHECK FOR \$150.00 FEE THAT WE NEVER RECEIVED A NOTICE
OF. WE HAVE ALWAYS PAID THIS FOR YEARS, BUT NEVER RECEIVED A NOTICE
THIS YEAR. WHEN WE RECEIVED THIS NOTICE WE CALLED AND THEY INFORMED
US THAT THIS WAS A LATE FEE OF \$400.00.

PLEASE ACCEPT THIS CHECK WITH OUR APPOLGY.

YOURS TRULY

John R Sharp Jr.

JOHN R. SHARP JR

PRESIDENT