

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92778

1. Entity Name
SHALETT AND SHALETT, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90027 009 ***150.00

Principal Place of Business

505 DELONTA BLVD
SUITE 104
DELTONA FL 32725
US

Mailing Address

505 DELTONA BLVD
SUITE 104
DELTONA FL 32725
US

2. Principal Place of Business

71 GRIZZLY BEAR PATH

Suite, Apt. #, etc.

3. Mailing Address

71 GRIZZLY BEAR PATH

Suite, Apt. #, etc.

City & State

Ormond Beach, FL.

City & State

Ormond Beach, FL.

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number 59-2620641

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHALETT, CHARLES
505 DELTONA BLVD.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name CHARLES SHALETT
Street Address (P.O. Box Number is Not Acceptable)
71 GRIZZLY BEAR PATH
City ORMOND BEACH FL Zip Code 32174

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	PD	<input type="checkbox"/> Delete
NAME	SHALETT, CHARLES	
STREET ADDRESS	505 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHALETT, CARYL	
STREET ADDRESS	505 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES SHALETT	
STREET ADDRESS	71 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARYL SHALETT	
STREET ADDRESS	71 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 (904) 615-9848

Date

Daytime Phone #

CR2E034 (10/00)