

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24978

1. Entity Name

DR. SHIFFER LABORATORIES, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90084 041 \*\*\*150.00

Principal Place of Business

4901 PALM BEACH BLVD., #105  
P.O. BOX 50609  
FT. MYERS FL 33994  
US

Mailing Address

~~4901 PALM BEACH BLVD., #105~~  
P.O. BOX 50609  
FT. MYERS FL 33994-0609  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2688402

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

MOORE, JERRY R.  
~~4402 E. RIVERSIDE DR.~~  
FT. MYERS FL 33905

Name

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

12669 COLD STREAM DR.

City

FT. MYERS

FL

Zip Code

33912

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MOORE, JERRY R.	
STREET ADDRESS	<del>12699 COLD STREAM DR.</del>	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, LINDA J.	
STREET ADDRESS	12669 COLD STREAM DR.	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESNUT, PATTI ANN	
STREET ADDRESS	137 GIBSON STREET	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, D. SCOTT	
STREET ADDRESS	496 N.W. FLETCHER ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, STEVEN L.	
STREET ADDRESS	4351 RIVER GROVE LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12669	
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		
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

JERRY R. MOORE, PRES.

Date

Daytime Phone #

4/22/00 (941) 768-2847