

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # J24978

1. Entity Name
DR. SHIFFER LABORATORIES, INC.

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

Mailing Address
P.O. BOX 50609
FT. MYERS FL 33994 US

2. Principal Place of Business
12669 COLD STREAM DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State
FT. MYERS FL

City & State

Zip Country
33912 US

Zip Country

4. FEI Number
59-2688402

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

MOORE, JERRY R.
12669 COLD STREAM DR
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name
MOORE, JERRY R.
Street Address (P.O. Box Number is Not Acceptable)
12669 COLD STREAM DR
City
FORT 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 JERRY R. MOORE

04/29/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | FL | Change | Addition |
|-------|------|----------------|-------------|----|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: JERRY R. MOORE

PT

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)