

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90020 016 ***150.00

DOCUMENT # J39475			
1. Entity Name SHEEHAN IMPORTS, INC.			
Principal Place of Business % TIMOTHY A. SHEEHAN 2720 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064		Mailing Address % TIMOTHY A. SHEEHAN 2720 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064	
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 59-2742893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEEHAN, TIMOTHY A. 2720 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT SHEEHAN, TIMOTHY A. 2720 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL <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	DVS SHEEHAN, JEREMIAH T. 2720 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DO NOT WRITE IN THIS SPACE

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: *Timothy A. Sheehan* **4-10-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)