2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44038

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90423 043 ***150.00

1. Entity Name
SHARRO, INC.

Principal Place of Business
420 E EIGHTH ST
JACKSONVILLE FL 32206

Mailing Address
420 E EIGHTH ST
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
44 AVENIDA MENENDEZ
Suite, Apt. #, etc.
City & State
St. AUGUSTINE, FL.
Zip 32084 | Country

4. FEI Number 59-2774548 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROCKEY, PATRICK
420 EAST EIGHTH ST.
JACKSONVILLE FL 32206

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 ______________________________
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	☐ Delete
NAME	ARBIZZANI, JOHN	
STREET ADDRESS	420 E 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	STD	☐ Delete
NAME	DIFILIPPO, NANCY	
STREET ADDRESS	420 E 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VD	☐ Delete
NAME	ROCKEY, PATRICK	
STREET ADDRESS	420 E 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: L. John Arbizzani JOHN ARBIZZANI 4·25·01 904·829·5578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #