

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90037 049 ***150.00

DOCUMENT # K24315

1. Entity Name
SHIELDS INVESTMENT MANAGEMENT, INC.

Principal Place of Business
3032 US 19 NORTH
SUITE C
CLEARWATER FL 33761
US

Mailing Address
PO BOX 1366
TARPON SPRINGS FL 34688-1366
US

2. Principal Place of Business
2187 BLUE TERN DR

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State

Zip
34683

Country
US

4. FEI Number 59-2898154

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LABRECQUE, EDWARD
1202-NEBRASKA AVE
PALM HARBOR FL 34683

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DP	NAME YOUNG, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS 2187 BLUE TERN DR		
CITY-ST-ZIP PALM HARBOR FL 34683		
TITLE D	NAME SHIELDS, STELLA C.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1816 RICHARD ERVIN PKWY		
CITY-ST-ZIP TARPON SPRINGS FL 34689		
TITLE SVP	NAME YOUNG, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS 2187 BLUE TERN DR		
CITY-ST-ZIP PALM HARBOR FL 34683		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: LARRY YOUNG (PRESIDENT) 1/10/02 (727) 786-5385
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)