

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40616

1. Entity Name

S-K-M SUPPLY II, INC.

Principal Place of Business

% VINCENT W. SHIEL  
6900 S E GOLFHOUSE DR  
HOBE SOUND FL 33455  
US

Mailing Address

% VINCENT W. SHIEL  
6900 SE GOLFHOUSE DR  
HOBE SOUND FL 33455-8049  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHIEL, VINCENT W.  
6900 GOLFHOUSE DR  
HOBE SOUND FL 33455

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIEL, VINCENT W.	
STREET ADDRESS	6900 SE GOLFHOUSE DR	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SHIEL, STUART A.	
STREET ADDRESS	1926 RANKIN RD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, LOWELL E	
STREET ADDRESS	307 REGENCY RIDGE DRIVE	
CITY-ST-ZIP	DAYTON OH	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HEYMAN, RALPH E	
STREET ADDRESS	10 COURTHOUSE PLAZA 1100	
CITY-ST-ZIP	DAYTON OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	37710 Pinwood Ct.
CITY-ST-ZIP	Magnolia, TX 77355
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

*Vincent Shiel*

5/12/00

Date

561-546-8128

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0079251

Applied For

Not Applicable

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

CR2E034 (9/99)