

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53036

1. Entity Name

SHOM, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90030 028 ***150.00

Principal Place of Business

Mailing Address

219 LAKE COMO DRIVE
118 MAGNOLIA STREET
POMONA PARK FL 32181
US

RT 1 BOX 705
118 MAGNOLIA STREET
POMONA PARK FL 32181-9707
US

2. Principal Place of Business

3. Mailing Address

219 Lake Como Dr.
Suite, Apt. #, etc.

RT 1 Box 705
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pomona Park FL

Pomona Park FL

4. FEI Number 59-2922071

Applied For

Not Applicable

Zip 32181

Country US

Zip 32181

Country US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NETTLES, TROY A.
219 LAKE COMO DRIVE
POMONA PARK FL 32181

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS NETTLES, TROY A.
CITY-ST-ZIP 219 LAKE COMO DRIVE
POMONA PARK FL 32181

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

904 698 2749