

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90498 019 ***150.00

0580490

DOCUMENT # K53036

1. Entity Name
SHOM, INC.

Principal Place of Business

Mailing Address

**219 LAKE COMO DRIVE
 POMONA PARK FL 32181
 US**

**RT 1 BOX 705
 POMONA PARK FL 32181
 US**

00024582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

342 Union Ave

3. Mailing Address

P.O. Box 901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City FL

City & State

Crescent City FL

4. FEI Number

59-2922071

Applied For

Not Applicable

Zip

32112

Country

USA

Zip

32112

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

NETTLES, Troy A.

Street Address (P.O. Box Number is Not Acceptable)

342 Union Ave

City

Crescent City FL

Zip Code

32112

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	D	<input checked="" type="checkbox"/> Delete
NAME	NETTLES, TROY A.	
STREET ADDRESS	219 LAKE COMO DRIVE	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	D	<input type="checkbox"/> Delete
NAME	NETTLES, Troy A	
STREET ADDRESS	342 Union Ave	
CITY-ST-ZIP	Crescent City FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Troy A Nettles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7 MAR 01

Daytime Phone #

386 698 2749

CR2E034 (10/00)