

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 008 ****50.00

DOCUMENT # L00000000505

1. Entity Name

STEPHEN B. SHELTON, CPA, P.L.



Principal Place of Business

1069 EAST JOHN SIMS PKWY
 STE 3
 NICEVILLE FL 32578

Mailing Address

1069 EAST JOHN SIMS PKWY
 STE 3
 NICEVILLE FL 32578

2. Principal Place of Business

107 JUNIPER STREET

3. Mailing Address

107 JUNIPER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3627847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTON, STEPHEN B
 1069 EAST JOHN SIMS PKWY
 STE 3
 NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

SHELTON, STEPHEN B

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

107 JUNIPER STREET

City

NICEVILLE FL

FL

Zip Code

32578

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

Stephen B Shelton

1/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE P ☐ Delete
 NAME SHELTON, STEPHEN B
 STREET ADDRESS 1069 EAST JOHN SIMS PARKWAY, #3
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 107 JUNIPER STREET.
 CITY-ST-ZIP NICEVILLE FL 32578

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

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stephen B Shelton

1/4/02

(850) 729-2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)