

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009553

1. Entity Name

SHEAR DIMENSIONS, LLC,

FILED

01 AUG-22 PM 12:42

SECRETARY
TREASURER OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20 SOUTH ST. ANDREWS AVENUE
ORMOND BEACH FL 32174

Mailing Address

20 SOUTH ST. ANDREWS AVENUE
ORMOND BEACH FL 32174

Same as above Same as above

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22 3758146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAWNSLEY, MARLA J

3RD FLOOR, EAST, 501 NORTH GRANDVIEW AVE.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Hans Feige

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

20 Office Park Drive Suite D
Palm Coast

City

FL

Zip Code

32137

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

Robert Pardo

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

(NOTE: Registered Agent signature required when reinstating)

Hans Feige

7/24/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004515045--0

-08/03/01--01083--027

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CO owner
Robert Pardo m.b.r. ☐ Delete
20 S. St Andrews Drive
O.B. P/A 32174

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CO owner
Michael Stauffer m.b.r. ☐ Delete
20 S. St Andrews Drive
O.B. P/A 32174

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Robert Pardo

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

Date

Daytime Phone #

7/24/01 386-672-0502

CR2E083 (11/00)