

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L08834**

1. Entity Name
SHANE AND ASSOCIATES, INC.

Principal Place of Business
**29399 U.S. HIGHWAY 19 NORTH
SUITE 360
CLEARWATER FL 34621-2137**

Mailing Address
**29399 U.S. HIGHWAY 19 NORTH
SUITE 360
CLEARWATER FL 34621-2137**

2. Principal Place of Business
29251 US Hwy 19 N
Suite, Apt. #, etc.

3. Mailing Address
29251 US Hwy 19 N
Suite, Apt. #, etc.

City & State
Clearwater, FL
Zip
33761 Country

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Clearwater, FL
Zip
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4. FEI Number **59-2963780**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHANE, GLENN B
~~3000 RED OAK COURT #5102~~
**1504 LAGO VISTA BLVD
PALM HARBOR FL 34685**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PTS			<input type="checkbox"/>
	SHANE, GLEN B	1504 LAGO VISTA BLVD	PALM HARBOR FL 34685	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90207 034 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)