

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16356

1. Entity Name

MILDRED W. SHEALY, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90013 017 ***150.00

Principal Place of Business

Mailing Address

311 WEST MONROE STREET
RM 518
JACKSONVILLE FL 32202

10113 WHIPPOORWILL LA
#401
JACKSONVILLE FL 32256-0553

2. Principal Place of Business

3. Mailing Address

10113 Whippoorwill La #401 same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville FL

4. FEI Number

59-2969079

Applied For

Not Applicable

Zip
32256

Country
USA

Zip

Country

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

STEDFORD, WALTER R
2039 PARK ST
JACKSONVILLE FL 32204

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

Mildred W. Shealy

(NOTE: Registered Agent signature required when reinstating)

3/31/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHEALY, MILDRED W.
10113 WHIPPOOR WILL LN, 401
JACKSONVILLE FL 32256

☐ Delete

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NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Mildred W. Shealy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
Date

904/998-8901
Daytime Phone #

CR2E034 (9/99)