

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33269

1. Entity Name

SHIPE & ASSOCIATES INDEPENDENT CONSULTING, P.A.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90104 016 ***150.00

Principal Place of Business

Mailing Address

10600 PINE CONE LANE
FORT PIERCE FL 34945

10600 PINE CONE LANE
FORT PIERCE FL 34945-2247

2. Principal Place of Business

10351 ORANGE AVE. EXTENSION

3. Mailing Address

P.O. Box 3727

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

65-0166530

Applied For

Not Applicable

Zip

34945-3727

Country

USA

Zip

34945-3727

Country

USA

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

SHIPE, STUART S.
10600 PINE CONE LANE
FORT PIERCE FL 34945

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

STUART SHIPE PRESIDENT

4-14-00

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, 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	P	<input type="checkbox"/> Delete
NAME	SHIPE, STUART S.	
STREET ADDRESS	10600 PINE CONE LANE	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIPE, SANDRA J	
STREET ADDRESS	10600 PINE CONE LANE	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10351 ORANGE AVENUE EXTENSION
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10351 ORANGE AVENUE EXTENSION
CITY-ST-ZIP	FORT PIERCE, FL 34945
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:

STUART SHIPE PRESIDENT

4-14-00

561-464-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)