

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48628

1. Entity Name

SURESHOT RESTAURANT CORP.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90134 030 ***150.00

Principal Place of Business

JIM BOB'S PUB
1431 SE 16 PL
CAPE CORAL FL 33990
US

Mailing Address

1431 SE 16TH PL
CAPE CORAL FL 33990-3818

2. Principal Place of Business

2202 SE 27 TERR.

3. Mailing Address

P.O. Box 151086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

65-0170848

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33915

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

SHEPARD STEVE

1431 SE 16 PL

CAPE CORAL FL 33990

Name

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

2202 SE 27 TERR.

City

CAPE CORAL

FL

Zip Code

33904

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]

STEVE SHEPARD

3-10-00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P
SHEPARD, STEVE
P.O. BOX 151086 N/A
CAPE CORAL FL 33915

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
SHEPARD, KIM
P.O. BOX 151086 N/A
CAPE CORAL FL 33915

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SHEPARD

3-10-00

Date

941 574-1093

Day One Phone #