

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90134 030 \*\*\*150.00

**DOCUMENT # L48628**

1. Entity Name

**SURESHOT RESTAURANT CORP.**

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

**Po 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

**SHEPARD STEVE  
 1431 SE 16 PL  
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

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

**2202 SE 27 TERR.**

City

**CAPE CORAL**

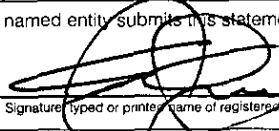
**FL**

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



**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.

**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPARD, STEVE</b>	
STREET ADDRESS	<b>P.O. BOX 151086 N/A</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33915</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPARD, KIM</b>	
STREET ADDRESS	<b>P.O. BOX 151086 N/A</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33915</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

**STEVE SHEPARD**

**3-10-00**

Date

**941 574-1093**

Day Phone #