

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90705

Entity Name
SHARPLITE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90008 014 ***150.00

Principal Place of Business
8205 S INDIAN RIVER DR
PIERCE FL 34960

Mailing Address
8205 S INDIAN RIVER DR
FT PIERCE FL 34982-7862
US

00023637



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8205 S INDIAN RIVER DR.
Suite, Apt. #, etc.
SUITE 213
City & State
FT. PIERCE FLA.
Zip
34980
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0211507 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHARP, CALEB R
8205 S INDIAN RIVER DR
FT PIERCE FL 34982

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P SHARP, CALEB R. 8205 S INDIAN RIVER DR FT PIERCE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: FEB 15, 2000 561-575-5784
Date Daytime Phone #

CR2E034 (9/99)