

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # **L95000000936**

1. Entity Name  
**SHEARER CONTROLS, FLORIDA L.L.C.**

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4370 S. TAMIAMI TRAIL  
SUITE 160  
SARASOTA FL 34231**

Mailing Address  
**486 GARRETT ROAD  
SCENERY HILL PA 15366**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

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

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3374902**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MATTESON, LARRY E  
4370 S. TAMIAMI TRAIL  
SUITE 160  
SARASOTA FL 34231**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**100004335291--2**  
**-05/31/01--01012--021**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHEARER, BRADFORD D 621 THOMAS ROAD EIGHTY FOUR PA 15330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Bradford Shearer* **Bradford Shearer, Managing Member** Date: **4/24/01** Daytime Phone #: **(724)945-6111**

CR2E083 (11/00)