

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003669**

1. Entity Name
SHELTON INVESTMENTS, L.L.C.

APPROVED
AND
FILED

00 MAY -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1914 TY TY COURT
TALLAHASSEE FL 32308

Mailing Address
1914 TY TY COURT
TALLAHASSEE FL 32311-4515

2. Principal Place of Business
7680 Deepwood Tr.
Suite, Apt. #, etc.

3. Mailing Address
7680 Deepwood Tr.
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32311

Country
leon

Zip
32311

Country
leon

4. FEI Number
59-3583372

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SHELTON, JAMES R III
1914 TY TY COURT
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
Name
James R. Shelton III
Street Address (P.O. Box Number is Not Acceptable)
7680 Deepwood Tr.
City
Tallahassee FL Zip Code
32311

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 **James R. Shelton III** DATE **4/19/2000**

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
SHELTON, JAMES R III
1914 TYTY COURT
TALLAHASSEE FL 32308

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Shelton, James R. III
7680 Deepwood Tr.
Tallahassee FL 32311

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
SHELTON, STEPHEN B
6027 OX BOTTOM MANOR DRIVE
TALLAHASSEE FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Shelton, Stephen B
4739 Highgrove Rd.
Tallahassee, 32308

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000003260840--8
--05/19/00--01139--025

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

******50.00** **500.00**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change 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: **James R. Shelton III** DATE **4/19/2000** DAYTIME PHONE # **850-942-5194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)