

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 19, 2001 8:00 am
Secretary of State

05-11-2001 90108 010 ***150.00

DOCUMENT # P00000004144

1. Entity Name

SHORTINO & SETSER ROD'S INC.

Principal Place of Business

**732 1/2 - A N. DALE MABRY HIGHWAY
TAMPA FL 33609**

Mailing Address

**732 1/2 - A N. DALE MABRY HIGHWAY
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605912

Applied For

Not Applicable

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

SETSER, RONNIE**732 1/2 - A N. DALE MABRY HIGHWAY
TAMPA FL 33609**

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

RONNIE SETSER, PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE - Registered Agent signature required when reappointing)

6-11-01

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, 2001 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
NAMESTREET ADDRESS
CITY- ST- ZIP**PRESIDENT**☐ Delete**RONNIE SETSER
732 1/2 - A N. DALE MABRY
TAMPA FL 33609**TITLE
NAMESTREET ADDRESS
CITY- ST- ZIP**V. PRESIDENT - SECRETARY
KIMBERLY SETSER
732 1/2 - A N. DALE MABRY
TAMPA FL 33609**☐ DeleteTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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CITY- ST- ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ AdditionTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ AdditionTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ AdditionTITLE
NAMESTREET ADDRESS
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NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ AdditionTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ AdditionTITLE
NAMESTREET ADDRESS
CITY- ST- ZIP☐ Change☐ Addition

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

4-26-01

Date

813 879-1616

Daytime Phone

CR2E034 (10/00)