

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024367

1. Entity Name  
SHURTER, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90003 045 \*\*\*150.00

Principal Place of Business  
514 SW 2ND AVENUE  
OCALA FL 34474

Mailing Address  
514 SW 2ND AVENUE  
OCALA FL 34474

800705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5105 SE 4th St.  
Suite, Apt. #, etc.

3. Mailing Address  
5105 SE 4th St.  
Suite, Apt. #, etc.

City & State  
Ocala FL  
Zip 34471 Country USA

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Ocala FL  
Zip 34471 Country USA

4. FEI Number  
59-3633374  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SHURTER, SCOTT  
514 SW 2ND AVENUE  
OCALA FL 34474

7. Name and Address of New Registered Agent  
Name  
Scott Shurter  
Street Address (P.O. Box Number is Not Acceptable)  
5105 SE 4th St  
City Ocala FL Zip Code 34471

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 Scott Shurter 1/10/01  
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHURTER, SCOTT		NAME	Shurter, Scott	
STREET ADDRESS	514 SW 2ND AVENUE		STREET ADDRESS	5105 SE 4th St.	
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP	Ocala FL 34471	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Scott Shurter 1/10/01 352-624-1264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0419392

CR2E034 (10/00)