

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90446 036 ***150.00

DOCUMENT # P00000041298

1. Entity Name
820 SHETTER CORP.

Principal Place of Business
**222 OCEAN FRONT
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**222 OCEAN FRONT
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business
820 Shelter Ave
 Suite, Apt. #, etc.

3. Mailing Address
820 Shelter Ave
 Suite, Apt. #, etc.

City & State
Jacksonville, FL.
 Zip Country
32250

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Jacksonville, FL.
 Zip Country
32250

4. FEI Number
69-3652256

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP.
 200 LAURA STREET NORTH
 JACKSONVILLE FL 32202**

Name
Clifford Koschnick
 Street Address (P.O. Box Number is Not Acceptable)
820 Shelter Ave
 City **Jacksonville** FL Zip Code **32250**

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

DATE **4/24/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KOSCHNICK, CLIFFORD
STREET ADDRESS	222 OCEAN FRONT
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D <input type="checkbox"/> Delete
NAME	Clifford Koschnick
STREET ADDRESS	820 Shelter Ave
CITY-ST-ZIP	Jacksonville, FL. 32250
TITLE	D <input type="checkbox"/> Delete
NAME	Charlie Yates
STREET ADDRESS	820 Shelter Ave
CITY-ST-ZIP	Jacksonville, FL. 32250
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Clifford Koschnick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)