

# FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

IDENTIFICATION # P00000055611



NAME: SHEVLIN, P.A.

*MICHAEL H SHEVLIN, P.A. ✓*

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90466 018 \*\*\*150.00

Principal Place of Business  
13921 ROBERTS RD.  
PINELAND FL 33945

Mailing Address  
P.O. BOX 488  
MATLACHA FL 33993



2. Principal Place of Business  
*4130 Pine Island Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
*Matlacha FL*  
Zip  
*33993*

City & State  
Zip

Country

4. FEI Number **65-1015342**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

SHEVLIN, MICHAEL H  
~~13921 ROBERTS RD.~~ *4130 Pine Island Rd*  
*Y*  
~~PINELAND FL 33945~~ *Matlacha, FL 33993*

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*Michael H. Shevlin*  
(NOTE: Registered Agent signature required when reinstating)

*3/14/03*  
DATE

**FILE NOW!!! FEES \$150.00**

After 2003 Fee will be \$550.00

Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## OFFICERS AND DIRECTORS

☐ Delete  
MICHAEL H  
ROBERTS RD: *4130 Pine Island Rd*  
FL 33945- *Matlacha, FL 33993*

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*4130 Pine Island Rd*  
*Matlacha, FL 33993*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE  
NAME  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Michael H. Shevlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*239-283-3900*  
Daytime Phone #

CR2F034 (10/02)