

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90287 025 ***150.00

DOCUMENT # P00000066970

1. Entity Name
R.A. SHIVELY & SON, INC.

Principal Place of Business

**2598 ROBERT TRENT JONES DRIVE
APT. 1027
ORLANDO FL 32835**

Mailing Address

**2598 ROBERT TRENT JONES DRIVE
APT. 1027
ORLANDO FL 32835**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15543 Pebble Bridge ST
Suite, Apt. #, etc.

3. Mailing Address

15543 Pebble Bridge ST
Suite, Apt. #, etc.

City & State

Winter Garden FL
Zip Country

City & State

Winter Garden FL
Zip Country

4. FEI Number

31-1746862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIVELY, RANDALL A
2598 ROBERT TRENT JONES DRIVE
APT. 1027
ORLANDO FL 32835**

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.

SIGNATURE

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PST	<input type="checkbox"/> Delete
NAME	SHIVELY, RANDALL A	
STREET ADDRESS	2598 ROBERT TRENT JONES DRIVE APT. 1027	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVELY, RANDALL A	
STREET ADDRESS	2598 ROBERT TRENT JONES DRIVE APT. 1027	
CITY-ST-ZIP	ORLANDO FL 32835	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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STREET ADDRESS	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 407 872-2525

CR2E034 (9/01)