

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90260 018 \*\*\*550.00

**DOCUMENT # P00000075554**

1. Entity Name

**MEGHANN SHAUGHNESSY INC.**

Principal Place of Business

**1428 N. VALRICO ROAD  
VALRICO FL 33954**

Mailing Address

**1428 N. VALRICO ROAD  
VALRICO FL 33954**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

**1428 N. Valrico Rd**

Suite, Apt. #, etc.

City & State

**Valrico, Florida**

Zip

**33594**

Country

**USA**

4. FEI Number

**59-3666018**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALTSCHULER, ADAM  
1428 N. VALRICO ROAD  
VALRICO FL 33954**

7. Name and Address of New Registered Agent

Name **WILFREDO NAVARRO**

Street Address (P.O. Box Number is Not Acceptable)

**1428 N. VALRICO ROAD**

City

**VALRICO**

FL

Zip Code

**33594**

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 **Wilfredo Navarro**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**x 07-13-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **MEGHANN Shaughnessy** ☐ Delete  
NAME  
STREET ADDRESS **1428 N. VALRICO RD**  
CITY-ST-ZIP **VALRICO FL 33954**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Rafael Font de Mora**  
CITY-ST-ZIP **1428 N. Valrico Rd.  
Valrico, FL 33594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

**7/12/01**

**813-6530083**

0084847 AV

CR2E034 (5/01)