

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2001

FILED

02 MAY 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000084228**

1. Entity Name

SHAWN M. GOBLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1048 SUWANEE STREET

Suite, Apt. #, etc.

3. Mailing Address

1048 SUWANEE STREET

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FLORIDA

City & State

SAFETY HARBOR, FLORIDA

Zip

34695

Country

USA

Zip

34695

Country

USA

4. FEI Number

65-1045762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

SHAWN M. GOBLE

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

1048 SUWANEE STREET

City

SAFETY HARBOR

FL

Zip Code

34695

**DO NOT WRITE
IN THIS SPACE**

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

5/12/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SHAWN M. GOBLE 1048 SUWANEE STREET SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005754329--1 -06/11/02-01103-019 ****308.75 ****308.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn M. Goble

Date

5/12/02 727-751-6776

Daytime Phone #

CR2E034B (12/01)