

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109703

1. Entity Name

SHEARS TO YOU, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-15-2001 90018 014 ***150.00

Principal Place of Business

815 NORTHSIDE DRIVE
MOUNT DORA FL 32757-2609

Mailing Address

815 NORTHSIDE DRIVE
MOUNT DORA FL 32757-2609

2. Principal Place of Business

4280 N. HWY 19-A

3. Mailing Address

Suite, Apt. #, etc.

1

City & State

MT. DORA, FL

City & State

4. FEI Number

59-3683076

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISWOLD, ALVERA B
815 NORTHSIDE DRIVE
MOUNT DORA FL 32757-2609

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)

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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.

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

11. OFFICERS AND DIRECTORS

TITLE D
NAME GRISWOLD, WILLIAM S
STREET ADDRESS 815 NORTHSIDE DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757-2609 ☐ Delete

TITLE D
NAME GRISWOLD, ALVERA B
STREET ADDRESS 815 NORTHSIDE DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757-2609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01

(352) 383-8889

CR2E034 (10/00)