

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 26, 2003 8:00 am
Secretary of State

02-24-2003 90969 022 ***150.00

DOCUMENT # P00000110939

1. Entity Name
DANIEL W. SHEA, JR, INC.



Principal Place of Business
1621 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460

Mailing Address
1621 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460

2. Principal Place of Business
PO Box 126
Suite, Apt. #, etc.

3. Mailing Address
PO Box 126
Suite, Apt. #, etc.

City & State
Sturgern Bay Wi
Zip 54235 Country

City & State
Sturgern Bay, Wi
Zip 54235 Country

4. FEI Number 65-1058387

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

SHEA, DANIEL W JR
115 SUMMA ST
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name
Shea, Daniel W Jr
Street Address (P.O. Box Number is Not Acceptable)
~~PO Box 126~~ 3464 N. Lake Michigan
City Sturgern Bay, WI FL Zip Code 54235

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, DANIEL W JR 1621 NORTH LAKESIDE DRIVE LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR COOPER W JR 15350 10th Av. North Lake Worth, FL 33463 (33463)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

(920) 5591463

Date

Daytime Phone #

CR2E034 (10/02)