

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115617

1. Entity Name

SHIFTERS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90313 009 ***150.00

0014124

Principal Place of Business
100 E CANAL ST
MULBERRY FL 33860

Mailing Address
100 E CANAL ST
MULBERRY FL 33860

2. Principal Place of Business

Mulberry

3. Mailing Address

100 E. CANAL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mulberry

City & State

Mulberry

Zip

33860

Country

Polk

Zip

33860

Country

Polk

4. FEI Number

59-3692357

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PYNE, DEBORAH
100 E CANAL ST
MULBERRY FL 33860

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

Deborah Pyne

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

(NOTE: Registered Agent signature required when reinstating)

3-1-01

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, 2001 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 D ☐ Delete
NAME PYNE, JOSEPH
STREET ADDRESS 4706 MYRTLE VIEW DR S
CITY-ST-ZIP MULBERRY FL 33860

TITLE D ☐ Delete
NAME PYNE, DEBORAH
STREET ADDRESS 4706 MYRTLE VIEW DR S
CITY-ST-ZIP MULBERRY FL 33860

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
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

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:

By Deborah Pyne Secretary Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

863 869 8369

Daytime Phone #

CR2E034 (10/00)