

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 017 ***150.00

DOCUMENT # P01000015754

1. Entity Name

Shone, Ewing, Lamb & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2240 Belleair Road

3. Mailing Address

2240 Belleair Road

Suite, Apt. #, etc.

Suite 145

Suite, Apt. #, etc.

Suite 145

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33764

Country

U.S.A.

Zip

33764

Country

U.S.A.

4. FEI Number

59-3697483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

O'Connor, Patrick M., Esq.

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

c/o O'Connor & Associates

2240 Belleair Road, Suite 160

City

Clearwater

FL

Zip Code

33764

**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

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 DP
NAME Shone, Jack Jr.
STREET ADDRESS 2240 Belleair Road, Suite 145
CITY-ST-ZIP Clearwater, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME Lamb, Michael J.
STREET ADDRESS 2240 Belleair Road, Suite 145
CITY-ST-ZIP Clearwater, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST
NAME Ewing, Patrick M.
STREET ADDRESS 2240 Belleair Road, Suite 145
CITY-ST-ZIP Clearwater, FL 33764

TITLE
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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 or without other like empowered.

SIGNATURE: Jack Shone, Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 727/539-7488