

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90111 043 ***150.00

DOCUMENT # P01000028749

1. Entity Name

TIBERON, INC.

Principal Place of Business

1200 GULF BLVD.
SUITE 1101
CLEARWATER FL 33767

Mailing Address

1200 GULF BLVD.
SUITE 1101
CLEARWATER FL 33767

2. Principal Place of Business

1200 GULF BLVD.

Suite, Apt. #, etc.

SUITE 1403

City & State

CLEARWATER, FLORIDA

Zip

33767

Country

U.S.A.

3. Mailing Address

1200 GULF BLVD.

Suite, Apt. #, etc.

SUITE 1403

City & State

CLEARWATER, FLORIDA

Zip

33767

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3704845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, ROGER A
911 CHESTNUT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

ROY E. SHAFFER, JR.

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

1200 GULF BLVD. SUITE 1403

City

CLEARWATER

FL

Zip Code

33767

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

ROY E. SHAFFER JR.

1/21/02

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, 2002 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	PRESIDENT & DIRECTOR	<input type="checkbox"/> Delete
NAME	ROY E. SHAFFER JR.	
STREET ADDRESS	1200 GULF BLVD. #1403	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
TITLE	V. PRESIDENT/SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	JOAN D. SHAFFER	
STREET ADDRESS	1200 GULF BLVD #1403	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY E. SHAFFER JR.	
STREET ADDRESS	1200 GULF BLVD. #1403	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
TITLE	V. S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN D. SHAFFER	
STREET ADDRESS	1200 GULF BLVD #1403	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY E. SHAFFER JR.

Date

Daytime Phone #

727-595-6045

CR2E034 (9/01)