

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # P02000080675

1. Entity Name

SHEC, INC.

03 MAY 12 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
115 EAST HAMPTON E  
WEST PALM BEACH, FL  
33417

Mailing Address

2. Principal Place of Business  
115 EAST HAMPTON E

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
115

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BEACH

City & State

4. FEI Number

Applied For

55-0794679

Not Applicable

Zip  
33417

Country  
PALM BEACH

Zip

Country

5. Certificate of Status Desired

\$8.75

Fee Required

Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHUR SCHECHTER  
115 EAST HAMPTON E  
WEST PALM BEACH FL 33417

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) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$350.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
ARTHUR SCHECHTER  
115 EAST HAMPTON E  
WEST PALM BEACH FLORIDA 33417

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
8000138050-003  
05/12/03--01070--009 \*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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:

ARTHUR SCHECHTER

ARTHUR SCHECHTER

4/30/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)