

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90391 040 \*\*\*150.00

DOCUMENT # P03000096973

1. Entity Name

SHEAFFER SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1515 N.W. 33rd Street

3. Mailing Address  
1515 N.W. 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pompano Beach, FL

City & State  
Pompano Beach, FL

4. FEI Number  
02-0705007

Applied For  
Not Applicable

Zip  
33064

Country  
USA

Zip  
33064

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Jonathan Sheaffer

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

1515 N.W. 33rd Street

City Pompano Beach, FL Zip 33064

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P	Jonathan Sheaffer	1515 N.W. 33rd Street	Pompano Beach, FL 33064

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Sheaffer

Date

Daytime Phone #

4-13-04 954-401-0451

CR2E034B (12/02)