

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

03-29-2001 90375 003 ***150.00

DOCUMENT # P27368

1. Entity Name

SHAMROCK SCALE COMPANY

Principal Place of Business

5553 JEFFREY LANE
P.O. BOX 1719
MORRISTOWN TN 37816

Mailing Address

5553 JEFFREY LANE
P.O. BOX 1719
MORRISTOWN TN 37816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-0873544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, JAMES W.
9402 HIGHWAY 92
STE. 102
TAMPA FL 33610

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, 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	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, JAMES W.	
STREET ADDRESS	5778 LONG CREEK ROAD	
CITY-ST-ZIP	MORRISTOWN TN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LONG, MARY A	
STREET ADDRESS	4051 BRIGHTS PIKE	
CITY-ST-ZIP	MORRISTOWN TN	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, M.D., SR.	
STREET ADDRESS	6096 TALLEY'S CHAPEL PIKE	
CITY-ST-ZIP	RUSSELLVILLE TN	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael R. Shafer	
STREET ADDRESS	5 Alba Drive	
CITY-ST-ZIP	Winfield, WV 25213	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juanita M. Shafer	
STREET ADDRESS	5 Alba Drive	
CITY-ST-ZIP	Winfield, WV 25213	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Shafer	
STREET ADDRESS	112 Quarterhorse Drive	
CITY-ST-ZIP	Scott Depot, WV 25560	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Easter	
STREET ADDRESS	200 Smiley Drive	
CITY-ST-ZIP	St. Albans, WV 25177	
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 all other like empowered.

SIGNATURE:

Larry Easter **Larry Easter CFO**

3/23/01

(304) 755-7122

Date

Daytime Phone #

CR2E034 (10/00)