

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009492

1. Entity Name

SHELLEY S. HULL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 046 ***150.00

Principal Place of Business	Mailing Address
2600 US 1 SOUTH SUITE 6 ST AUGUSTINE FL 32086	2600 US 1 SOUTH SUITE 6 ST AUGUSTINE FL 32086-6193

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3155128	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HULL, SHELLEY S 2600 US 1 SOUTH SUITE 6 ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	HULL, SHELLEY S	NAME	
STREET ADDRESS	2600 US 1 SOUTH, SUITE 6	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	SOBIN-COMSTOCK, LYNN	NAME	
STREET ADDRESS	2600 US 1 SOUTH, SUITE 6	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SHELLEY S. HULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

904-794-4114
Daytime Phone #