2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009492

06-05-2000 90050 009 ****70.00
P92000009492

1. Entity Name

Shelley S. Hull, Inc

amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 12:05

Principal Place of Business: 2600 US 1, South #6, St. Augustine, Fl 32086

Mailing Address: Same

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3155128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Shelley S. Hull
2600 US 1, South #6
St. Augustine, Florida 32086

7. Name and Address of New Registered Agent

Name: Grover Claude Reynolds III
Street Address (P.O. Box Number is Not Acceptable): 2600 US 1, South #6
City: St. Augustine, FL Zip Code: 32086

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] III Grover Claude Reynolds III 5/31/00
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

CR2E034 (9/99)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/T NAME: Shelley S. Hull STREET ADDRESS: 2600 US 1, South #6 CITY-ST-ZIP: St. Augustine, Florida 32086	☒ Delete	TITLE: P NAME: Grover Claude Reynolds III STREET ADDRESS: 2600 US 1, South #6 CITY-ST-ZIP: St. Augustine, Fl 32086	☐ Change ☒ Addition
TITLE: S NAME: Lynn Sobin-Comstock STREET ADDRESS: 8612 Villa Nova CITY-ST-ZIP: Orlando, Florida 32817	☒ 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

6/27

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: [signature] III Grover Claude Reynolds III 904-794-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/8