

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90056 048 ***550.00

DOCUMENT # P93000041482

1. Entity Name
SHIVERS PAINT COMPANY

Principal Place of Business

18630 NW CR239
 ALACHUA FL 32615

Mailing Address

PO BOX 1034
 ALACHUA FL 32615

2. Principal Place of Business

18822 CR-2054
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1034
 Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-3193969

Applied For

Not Applicable

Zip

32615

Country

Alachua

Zip

32616

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHIVERS, JAMES D
18630 NW CR 239
ALACHUA FL 32615

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **SHIVERS, JAMES D**
 STREET ADDRESS **18630 NW CR 239**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **VP** ☐ Delete
 NAME **SHIVER, JUDY A.**
 STREET ADDRESS **18630 NW CR 239**
 CITY-ST-ZIP **ALACHUA FL 32616**

TITLE **ST** ☐ Delete
 NAME **SHIVERS, ROBERT**
 STREET ADDRESS **18630 NW CR 239**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ Delete
 NAME **MOORE, DEWAYNE**
 STREET ADDRESS **430 NW 2 AVENUE**
 CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

James D. Shivers **SIGNATURE REQUIRED** **J. Shivers** 9-9-02 (386) 418-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)