

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045364

1. Entity Name

FIFESHIRE OF FLORIDA, INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90062 009 ***558.75

Principal Place of Business

ONE OXBOW DR.
PORT LABELLE FL 33935
US

Mailing Address

ONE OXBOW DR
LABELLE FL 33935
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0429663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALL, GLENN
ONE OXBOW DRIVE
PORT LABELLE FL 33435

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

GLENN HALL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/00

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STEWART, ANDREW K	13740 MERRIMAN RD	LIVONIA MI 48150	<input type="checkbox"/>
D	STEWART, DAVID	13740 MERRIMAN RD	LIVONIA MI 48150	<input type="checkbox"/>
D	SAAD, JUNE	13740 MERRIMAN RD	LIVONIA MI	<input type="checkbox"/>
D	STEWART, BRIAN	13740 MERRIMAN RD	LIVONIA MI 48150	<input type="checkbox"/>
D	KOVSKY, CHARLES E	25835 SOUTHFIELD ROAD #101	SOUTHFIELD MI 48075-1827	<input type="checkbox"/>
T	KILBRIDE, MICHAEL	ONE OXBOW DRIVE	LABELLE FL 33935	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael Kilbride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

Date

863-65-4411

Daytime Phone #