

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074482

1. Entity Name

SHINN, MEADOWCROFT & COMPANY, P.A.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90105 017 ***150.00

Principal Place of Business

Mailing Address

1001 THIRD AVE., W.
STE. 400
BRADENTON FL 34205
US

1001 THIRD AVE., W.
STE. 400
BRADENTON FL 34205-7841
US

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

65-0446534

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

VOGLER, EDWARD II
802 11TH STREET WEST
BRADENTON FL 34205

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	PD	<input type="checkbox"/> Delete
NAME	SHINN, BYRON E	
STREET ADDRESS	6012 SHORE ACRES DR., W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MEADOWCROFT, DARBY	
STREET ADDRESS	5528 FAIR OAKS SR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILES, MICHAEL	
STREET ADDRESS	6909 34TH AVE. E	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THARPE, KELLI	
STREET ADDRESS	2590 FLOYD ST.	
CITY-ST-ZIP	SARASOTA, FL 34239	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BYRON E. SHINN

Date

3-7-00

Daytime Phone #

941-746-4311

CR2E034 (9/99)