

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033268

1. Entity Name

SHEAR HAPPENINGS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90093 009 ***150.00

Principal Place of Business

**6864 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Mailing Address

**P.O. BOX 11508
JACKSONVILLE FL 32239**

2. Principal Place of Business

6947 Merrill Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number **59-3239557**

Applied For

Not Applicable

Zip **32277-2684**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMLIN, NORMA
2175 WOODS DR E
JACKSONVILLE FL 32246**

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, type 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, 2001 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

TITLE **D** ☐ Delete
NAME **CAMLIN, NORMA G F**
STREET ADDRESS **2175 WOODS DR E**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Delete
NAME **ARNOLD, PHYLLIS**
STREET ADDRESS **5084 LOSCO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete
NAME **BRANCH, GWENDOLYN L**
STREET ADDRESS **6114 KELLOW DR**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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

Gwendolyn L. Branch

4-24-2001 (904)745-1240

Date

Daytime Phone #

CR2E034 (10/00)