

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042676

1. Entity Name

SHAVER COMMUNICATIONS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90002 043 ***150.00

Principal Place of Business

159 SABAL PALM DRIVE
LONGWOOD FL 32779
US

Mailing Address

159 SABAL PALM DRIVE
LONGWOOD FL 32810-4278
US

2. Principal Place of Business

6757 Edgewater Commerce Parkway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

same

same

City & State

ORLANDO, FL

City & State

same

Zip

32810

Country

USA

Zip

Country

same

4. FEI Number

59-3241113

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

SHAVER, RONALD E
7611 LAKE OLA DRIVE
MOUNT DORA FL 32757

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
NAME SHAVER, RONALD E
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MT DORA, FL. 32757

TITLE DVP
NAME SHAVER, JAMES
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MT. DORA, FL. 32757

TITLE S
NAME SHAVER, SUSAN D
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ELIZABETH L SHAVER
STREET ADDRESS 7611 LAKE OLA DR
CITY-ST-ZIP MT DORA FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

3/31/00

Date

888-932-2010

Daytime Phone #

CR2E034 (9/99)