

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046392

1. Entity Name
WILLIAM D. SHIVELY, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90070 014 ***150.00

0401083

Principal Place of Business

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

Mailing Address

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

2. Principal Place of Business

880 HURON CT

3. Mailing Address

880 HURON CT

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

MARCO ISLAND FL

City & State

MARCO ISLAND FL

Zip

34145

Country

COLLIER

Zip

34145

Country

COLLIER

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name WILLIAM D. SHIVELY
Street Address (P.O. Box Number is Not Acceptable)
880 HURON CT. #402
MARCO ISLAND
City FL Zip Code 34145

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

William D. Shively

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, 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 PSTD ☐ Delete
NAME SHIVELY, WILLIAM D
STREET ADDRESS 880 HURON CT
CITY-ST-ZIP MARCO ISLAND FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

William D. Shively
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

00032937



DO NOT WRITE IN THIS SPACE