

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DEPARTMENT OF STATE
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 PM 2:22

DOCUMENT # P94000055865 (7)

PAMELA D. SHACKLEY, D.C., P.A.

2033 MAIN STREET SUITE 300
SARASOTA FL 34237

2033 MAIN STREET SUITE 300
SARASOTA FL 34237

DATE OF FILING: 07/25/1994

3. Date of Registration or Qualification 3a. Date of Last Report

07/25/1994

4. Filing Number

65 0513675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fee

8. Does corporation have liability for intangible tax under Fla. Stat. § 190.04?
Florida Statute ☐ Yes ☒ No

21. 946 So. Osprey Avenue

26. 846 So. Osprey Avenue

22. SARASOTA FLORIDA

27. SARASOTA FLORIDA

24. 34236 25. USA

29. 34236 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, DONALD J
2033 MAIN STREET SUITE 300
SARASOTA FL 34237

81. Name

82. Street Address, P.O. Box Number or Post Office

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 190.04 and 190.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above stated address in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, accepting the appointment as registered agent. I am familiar with and accept the obligations of law for the State of Florida Statutes.

SIGNATURE

By the corporation, signed by the president or officer authorized to sign.

12. ADDITIONAL REGISTERED OFFICES

13. ADDITIONAL CHANGES TO REGISTERED OFFICE AND ADDRESS

NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
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NAME	STREET ADDRESS	CITY	STATE	ZIP

P5D
PAMELA D. SHACKLEY
846 So. Osprey Avenue
SARASOTA, FLORIDA 34236

RECEIVED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.04, Florida Statutes. I further certify that the information is correct and that the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That any willful or negligent misstatement in the report or fraudulent omission to state the truth in the report, as required by chapter 190, Florida Statutes, and that my name appears in the report, shall constitute a crime under the laws of the State of Florida.

SIGNATURE:

Shackley
PAMELA SHACKLEY

Apr 26, 1995 813 955686