

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060642

1. Entity Name

SHELCO, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90095 013 ***150.00

Principal Place of Business
3111 45TH ST #12
WEST PALM BEACH FL 33407
US

Mailing Address
3111 45TH ST #12
WEST PALM BEACH FL 33407-1981
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1489 N. Military Trail
Suite, Apt. #, etc.
Suite 207
City & State
West Palm Beach FL
Zip
33409 Country
USA

3. Mailing Address
1489 N. Military Trail
Suite, Apt. #, etc.
Suite 207
City & State
West Palm Beach FL
Zip
33409 Country
USA

4. FEI Number 65-0513607 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, ERIC
3111 45TH ST #12
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
Name
Cohen, Eric
Street Address (P.O. Box Number is Not Acceptable)
1489 N. Military Trail, Suite 207
City
West Palm Beach FL Zip Code
33409

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, SHELDON	
STREET ADDRESS	3111 45TH ST #12	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COHEN, ERIC	
STREET ADDRESS	3111 45TH ST #12	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	COHEN, SANDRA	
STREET ADDRESS	3111 45TH ST #12	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COHEN, MERRYL R	
STREET ADDRESS	3111 45TH ST #12	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	1489 N. Military Trail, #207	
STREET ADDRESS	West Palm Beach FL 33409	
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 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

1/5/00
Date

561-640-2770
Daytime Phone #