

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90053 009 \*\*\*150.00

DOCUMENT # P94000060642

1. Entity Name  
**SHELCO, INC.**

Principal Place of Business

**1489 N MILITARY TRAIL  
 SUITE 207  
 WEST PALM BEACH FL 33409  
 US**

Mailing Address

**1489 N MILITARY TRAIL  
 SUITE 207  
 WEST PALM BEACH FL 33409  
 US**

2. Principal Place of Business

**3285 South Military Trail**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Worth FL**

City & State

**FL**

Zip

**33463**

Country

**USA**

Zip

Country

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  
 1489 N MILITARY TRAIL  
 SUITE 207  
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3285 S. Military Trail**

City

**Lake Worth FL**

FL

Zip Code

**33463**

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

*E. Cohen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/18/01**

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 **P** ☐ Delete

NAME **COHEN, SHELDON**  
 STREET ADDRESS **1489 N MILITARY TRAIL STE 207**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DS** ☐ Delete

NAME **COHEN, ERIC**  
 STREET ADDRESS **1489 N MILITARY TRAIL STE 207**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **VPT** ☐ Delete

NAME **COHEN, SANDRA**  
 STREET ADDRESS **1489 N MILITARY TRAIL STE 207**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **VPD** ☐ Delete

NAME **COHEN, MERRYL R**  
 STREET ADDRESS **1489 N MILITARY TRAIL STE 207**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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 **3285 South Military Trail**  
 CITY-ST-ZIP **Lake Worth FL 33463**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Per above**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Per above**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Per above**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Sheldon Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sheldon Cohen President**

Date

Daytime Phone #

**4/18/01 561 966 5086**

CR2E034 (10/00)