## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2000 8:00 am Secretary of State DOCUMENT # P94000070359 1. Entity Name SHAKESPEARE BEETHOVEN & COMPANY, INC. 05-22-2000 90006 046 \*\*\*150.00 Principal Place of Business Mailing Address 1400 COLONIAL BLVD., UNIT 58 1400 COLONIAL BLVD., UNIT 58 FORT MYERS FL 33901-3015 FORT MYERS FL 33907 2. Principal Place of Business /SQO BROADU 3. Mailing Address 1520 BROADWA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0522885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CURRIE, CHERYL 1400 COLONIAL BLVD., UNIT 58 FORT MYERS FL 33907 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. Church A. Cussic CHE age A. Currie attree, typed or printed name of registered agent and title fi applicable (NOTE: Registered Agent s (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 0.17.77.0 Change ☐ Addition ☐ Delete TITLE CHRRIC, CHERYL 1500 BROADWAY CURRIE, CHERYL NAME NAME STREET ADDRESS 1400 COLONIAL BLVD., UNIT 58 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CHERACACURRIC

SIGNATURE:

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