

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91317 027 ***158.75

DOCUMENT # P94000083003

1. Entity Name

DESHIELDS GROUP, INC.

Principal Place of Business

**165 N.W. 20TH ST
 BOCA RATON FL 33431**

Mailing Address

**2240 S.W. 15TH PL
 BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

2240 N.W. 23rd Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0538473

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINE, DEBORAH D

2240 S.W. 15TH PL

BOCA RATON FL 33434

Name

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

City

FL

Zip Code

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

Deborah D. Stine

4-30-02

Signature, type 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	P	DESHIELDS, STEVEN C	2240 S.W. 15TH PL BOCA RATON FL 33486	☐ Change ☐ Addition			
☐ Delete	V	DESHIELDS, DANIEL E	2240 S.W. 15TH PL BOCA RATON FL 33486	☐ Change ☐ Addition			
☐ Delete	T	STINE, DEBORAH D	2240 S.W. 15TH PL BOCA RATON FL 33486	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

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:

Deborah D. Stine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-6042

CR2E034 (9/01)