

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012448

1. Entity Name

SHELLY'S GOLF SALES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90022 037 ***150.00

Principal Place of Business

6014 WESTBOURGH DR.
NAPLES FL 33962

Mailing Address

6014 WESTBOURGH DR.
NAPLES FL 33962

2. Principal Place of Business

6570 HUNTERS RD.
Suite, Apt. #, etc.

3. Mailing Address

6570 HUNTERS RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES

City & State
NAPLES FL

4. FEI Number 65-0568729

Applied For
Not Applicable

Zip
34109

Country
U.S.A.

Zip
34109

Country
U.S.A.

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

ARISTIZABAL, SHELLY
6014 WESTBOURGH DR.
NAPLES FL 33962

Name
Street Address (P.O. Box Number is Not Acceptable)
6570 HUNTERS RD
City FL Zip Code 34109

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 _____ (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 PD
NAME ARISTIZABAL, SHELLY
STREET ADDRESS 6014 WESTBOURGH DR. 6570 HUNTERS RD.
CITY-ST-ZIP NAPLES FL 34109

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6570 HUNTERS RD.
CITY-ST-ZIP 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000

Date

941-514-0065

Daytime Phone #

CR2E034 (9/99)