

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90117 003 \*\*\*150.00

**DOCUMENT # P95000026340**

1. Entity Name

**SHIP RIGHT PLUS, INC.**

Principal Place of Business

Mailing Address

2937-A N.E. 19TH DRIVE  
 GAINESVILLE FL 32609-348  
 US

2937-A N.E. 19TH DRIVE  
 GAINESVILLE FL 32609-3348  
 US

2. Principal Place of Business

3. Mailing Address

SHIP RIGHT PLUS INC.  
 2937 NE 19TH DR  
 Gainesville, FL 32609  
 352-377-4525

SHIP RIGHT PLUS INC.  
 2937 NE 19TH DR  
 Gainesville, FL 32609  
 352-377-4525



DO NOT WRITE IN THIS SPACE

59-3311513

4. FEI Number **59-3344513**

Applied For  
 Not Applicable

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

GLADIN, STEVEN T.  
 2937-A N.E. 19TH DRIVE  
 GAINESVILLE FL 32609-3348

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **SHEA, MALCOLM L SR**  
 STREET ADDRESS **RR 2 BOX 2972**  
 CITY-ST-ZIP **MELROSE FL**  
 TITLE **PS** ☐ Delete  
 NAME **MORGAN, ANNA M**  
 STREET ADDRESS **2937-A NE 19TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 48**

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

TITLE **T** ☐ Delete  
 NAME **GLADIN, STEVEN**  
 STREET ADDRESS **2937-A NE 19TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 48**

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

TITLE **D** ☐ Delete  
 NAME **SHEA, BEVERLY**  
 STREET ADDRESS **640 SE 1ST ST**  
 CITY-ST-ZIP **MELROSE, FL 32466**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Anna Morgan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 352-377-4525

CR2E034 (9/99)