## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P95000040029

1. Entity Name

SHEILA V. INC.

## FILED Apr 04, 2001 8:00 am Secretary of State 04-04-2001 90144 049 \*\*\*150.00

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Principal Plac	ce of Busines	s	Mailing Address								
7840 A1A SOUTH			7840 A1A SOUTH			<u> </u>					
ST. AUGUSTINE FL 32086			ST. AUGUSTINE FL 32086				_				
US			US			{	1	0031	251		
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2. Principal F	Place of Busin	ness	3. Mailing Address	<del></del>							
						_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-3319689	)		oplied For ot Applicable	
32080 Country			32080 Country			5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent			7.	Name and Address of New Re	egistered Aç	ent		1
					Name						]
CHIUMENTO, MICHAEL D ESQ.											
		ROAD NORTH	Street Address			ess (P.O.	Box Number is Not Acceptable	)			1
	M COAST F				<del></del>						1
I ALI	III OOAOI I	L 02107			<b>l</b> .						1
					City			FL	Zip Cod	е	1
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8. The above	e named entit	y submits this statement for t	he purpose of changing its	register	ed office or reg	gistered a	igent, or both, in the State of Flo	rida.			ļ
											-
SIGNATURE											1
	Signature, typed	or printed name of registered agent and	title if applicable. (NOTI	: Registere	d Agent signature re	iquired when	reinstating)	DATE			ĺ
9 This corp	oration is alia	ible to esticfy its Intendible	FII E NOW	II FEE	15'\$150.00		<u> </u>				1
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			:00	10. Election Campaign Fina			O May Be	l
	ria on back)		Make Check Payal				Trust Fund Contribution	i. 🚨	Added	to Fees	Ĺ
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Indicated on this report or supplied with this flinty does not quality for the exemption stated in Section 119.07(3)(i), Profida 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:

Vidamour

904-461-9690