

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90174 014 \*\*\*150.00

**DOCUMENT # P95000046590**

1. Entity Name  
**THOMAS A. SHAFFER, INC.**

Principal Place of Business

9501 US 19  
 208  
 PORT RICHEY FL 34668  
 US

Mailing Address

9501 US 19  
 208  
 PORT RICHEY FL 34668  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3324491**

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

**SHAFFER, THOMAS A**  
**183 114TH TERRACE N.E.**  
**ST PETERSBURG FL 34622**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **SHAFFER, THOMAS A**  
 CITY-ST-ZIP **183 114TH TERRACE, N.E.**  
**ST.PETE FL 33716**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 another like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07.20.02 722 849 1289**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

973186  
PGS000046590

THOMAS A. SHAFFER, INC.  
9501 U.S. 19  
SUITE 208  
PORT RICHEY, FLORIDA 34668  
727.849.1889

July 31, 2002

Division of Corporations  
Uniform Business Report Filings  
POB 1500  
Tallahassee, Florida 32302-1500

Re: Thomas A. Shaffer, Inc.

Dear Sirs:

Pursuant to communication with your office regarding the fact that a notice was not sent to us my your office prior to receipt of the late filing requesting \$550.00, we have contacted you office. A representative form you office has indicated that we may send the \$150.00 filing fee because your office did not send the original notice and paperwork. Please find enclosed the same.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Thomas A. Shaffer, Esq.

Enc.