

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077247

1. Entity Name

SHINEX, INC.

Principal Place of Business

1691 MISSION VALLEY BLVD
NOKOMIS FL 34275

Mailing Address

1691 MISSION VALLEY BLVD
NOKOMIS FL 34275-1693

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0628558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 27 PM 4:22

6. Name and Address of Current Registered Agent

JAKUBIUK, STAN
1691 MISSION VALLEY RD.
NOKOMIS FL 34-2753

7. Name and Address of New Registered Agent

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)

02/22/2000

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JAKUBIUK, STAN
1691 MISSION VALLEY BLVD
NOKOMIS FL 34275 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100003196911--5
-04/05/00--01070--006
***150.00 ☐ Change ☐ Addition

TITLE
NAME
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\$3/28 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/22/2000

Daytime Phone #

CP2E034 (9/99)