

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000086201**

1. Entity Name  
**D. V. SHELL, INC.**

Principal Place of Business  
**2455 N. TAMiami TrL #10-25 SARASOTA, FL. 34234**

Mailing Address  
**P.O. Box 48515 SARASOTA, FL. 34230-5515**

FILED  
00 APR 24 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 **65-0632538** DO NOT WRITE IN THIS SPACE **04/05/00 90105005 150**

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

6. Name and Address of Current Registered Agent <b>DONALD D. SHELLEY 2455 N. TAMiami TrL SARASOTA, FL. 34234</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 **Donald D. Shelley** DATE **4/20/00**

(NOTE: Registered Agent signature required when reinstating)

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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DONALD D. SHELLEY</b>		NAME	
STREET ADDRESS <b>2455 N. TAMiami TrL.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA, FL. 34234</b>		CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ERIC P. JOHNSON</b>		NAME	
STREET ADDRESS <b>2455 N. TAMiami TrL.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA, FL. 34234</b>		CITY-ST-ZIP	
TITLE <b>VICE-PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY SHELLEY</b>		NAME	
STREET ADDRESS <b>2706 15th AVE. W.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON, FL. 34205</b>		CITY-ST-ZIP	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>J. SCOTT SHELLEY</b>		NAME	
STREET ADDRESS <b>2706 15th AVE. W.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON, FL. 34205</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Donald D. Shelley** **DONALD D Shelley** **4/20/00** **941-906-8426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**D.V. Shell, Inc.**



2455 N. Tamiami Trail Office ♦ Sarasota, FL. 34234  
Phone 941-906-8476 ♦ Fax 941-906-8476

April 20, 2000

Florida Dept. of State  
Division of Corporations, Corporate Records  
P.O. Box 6327  
Tallahassee, FL. 32314

To Whom It May Concern;

Enclosed is a corrected 2000 Uniform Business Report. This is the third time that I have sent this form to you. Everytime I send in a corrected form it gets sent back with a different correction to be made. This last correction was to put a street address in box #6 of the current registered agent, and this has been corrected.

The whole problem started 3 forms ago, with me never receiving the UBR form in the mail from the beginning. I requested by phone for a form since I did not get one. I was mailed a blank form, nothing pre-printed like usual, and I think this is where the problem started. Would you please make sure that my mailing address is correct in your files for next years report? That mailing address is, P.O. Box 48515, Sarasota, FL. 34230-5515. And, please make sure that I receive a pre-printed form next year to avoid this confusion.

Sincerely,

Donald D. Shelley  
President