

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005469

1. Entity Name

MICHAEL SHER, INC.

Principal Place of Business

1660 GULF BLVD.#804
CLEARWATER FL 33767

Mailing Address

1660 GULF BLVD.#804
CLEARWATER FL 33767-2937

2. Principal Place of Business

10429 Longwood DR
Suite, Apt. #, etc.

3. Mailing Address

PO Box 7613
Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Seminole, FL

Zip

33777

Country

Pinellas

Zip

33775

Country

Pinellas

6. Name and Address of Current Registered Agent

SHER, MICHAEL
1660 GULF BLVD., #804
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10429 Longwood Drive

City

LARGO

FL

Zip Code

33777

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

Michael Sher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

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	D	<input type="checkbox"/> Delete
NAME	SHER, MICHAEL	
STREET ADDRESS	P.O. BOX 1167	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHER, DAPHNE	
STREET ADDRESS	P.O. BOX 1167	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SHER, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 7613	
STREET ADDRESS	Seminole, FL	
CITY-ST-ZIP	33775	
TITLE	SHER, DAPHNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 7613	
STREET ADDRESS	Seminole, FL	
CITY-ST-ZIP	33775	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Sher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sher

4/13/00

Date

727-320-9214

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)