

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021329

1. Entity Name

SHARP-ONE, INC.

R

Principal Place of Business

9126 W. YULEE DR.  
HOMOSASSA FL 34446

Mailing Address

P.O. BOX 898  
CRYSTAL RIVER FL 34423-0898  
US

2. Principal Place of Business

3. Mailing Address

9126 W. Yulee Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homosassa, FL

Zip

Country

Zip

Country

34446

US

4. FEI Number

59-3365725

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

SHARPTON, JOHN M  
9126 W. YULEE DR.  
HOMOSASSA FL 34446

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SHARPTON, JOHN  
9126 W. YULEE DR.  
HOMOSASSA FL 34446

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BYERS, LINDA M  
9126 W. YULEE DR.  
HOMOSASSA FL 34446

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Linda M Byers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000 352-795-2466

FILED  
Jul 21, 2000 8:00 am  
Secretary of State

07-21-2000 90149 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE