

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028415

1. Entity Name

SHOFFLER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3810 SW 7TH PL  
CAPE CORAL FL 33914  
US

3810 SW 7TH PL  
CAPE CORAL FL 33914-6752  
US

2. Principal Place of Business

3. Mailing Address

2214 SW 50th St

2214 SW 50th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip 33914

Country USA

City & State

Cape Coral FL

Zip 33914

Country USA

4. FEI Number

65-0654745

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOFFLER, GLENN A  
798 OVERIVER DR  
NORTH FT MYERS FL 33903

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	SHOFFLER, GLENN A	NAME	
STREET ADDRESS	798 OVERIVER DR	STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	TITLE	
NAME	SHOFFLER, PAM A	NAME	
STREET ADDRESS	798 OVERIVER DR	STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

3. 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 689, Florida Statutes.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90020 012 \*\*\*158.75

B0012089



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)