

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028420

1. Entity Name

SHOFFLER ENTERPRISES, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90041 041 \*\*\*158.75

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

2214 SW 50th St  
Suite, Apt. #, etc.

3. Mailing Address

2214 SW 50th St  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

65-0654742

Applied For

Not Applicable

Zip

Country

33914 USA

Zip

Country

33914 USA

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHOFFLER, GLENN A  
CITY-ST-ZIP 798 OVERIVER DR  
NORTH FT MYERS FL 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHOFFLER, PAM A  
CITY-ST-ZIP 798 OVERIVER DR  
NORTH FT MYERS FL 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 941 549 3522

CR2E034 (9/99)