2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029100

1. Entity Name

SHARON MCKENDRICK, INC.

Principal Place of Business

Mailing Address

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		2616 SOUTHERN OAKS PLACE PLANT CITY FL 33567-2338			-		U	
2. Principal Place of Business 1701 S. Alexander St. 107 Capri Street, S. Suite, Apt. #, etc. City & State Plant City, FL. Zip 3. Mailing Address 107 Capri Street, S. Suite, Apt. #, etc. City & State Plant City, FL. Zip 3. Mailing Address 107 Capri Street, S. Suite, Apt. #, etc. City & State Plant City, FL. Zip 33567 MCKENDRICK, SHARON E 2616 SOUTHERN OAKS PLACE PLANT CITY FL 33567					DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3377195 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 2VZ X. SChultheis S(P.O. Box Number is Not Acceptable) 3 PY 1 STREET S.			
8. The above , SIGNATURE _	named entity submits this statement for	, >		istered age	ent, or both, in the State of Flo		Zip Code	67
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FI Tax filling requirement and elects to do so. (See criteria on back) Continue of the process			ee will be \$550.0	00	10. Election Campaign Fin Trust Fund Contribution	nancing		May Be to Fees
11.	OFFICERS AND (DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENDRICK, SHARON E 2616 SOUTHERN OAK PLACE		NAME F	PD rango	z X. Schu apri street City, FL.	Itheis F, S.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLANT CITY FL VD MCENDRICK, EBEN C 2616 SOUTHERN OAKS PLACE PLANT CITY FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14107	C/19)/2		Change	Addition
TITLE NAME STREET ADDRESS	Franz X. Schut 107 Cappi Street	Theis :	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Plant City, FL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE		☐ Delete	TITLE				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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3.00 813) 254.4899

Feb 25, 2000 8:00 am Secretary of State

02-25-2000 90021 046 ***150.00