

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045107

1. Entity Name

SHERVEY ENTERPRISES, INC.

Principal Place of Business

700 SO PATRICK DRIVE  
SATELLITE BEACH FL 32937

Mailing Address

700 SO PATRICK DRIVE  
SATELLITE BEACH FL 32937-3804

2. Principal Place of Business

1024 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 130

City & State

SATELLITE BEACH, FLORIDA

Zip

32937

Country

USA

3. Mailing Address

373 WEST CLARIDGE ST

Suite, Apt. #, etc.

SATELLITE BEACH

City & State

SATELLITE BEACH, FLORIDA

Zip

32937

Country

USA

6. Name and Address of Current Registered Agent

SHERVEY, WILLIAM E  
373 WEST CLARIDGE ST  
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

P  
NAME SHERVEY, DEBBE  
STREET ADDRESS 373 W CLARIDGE ST  
CITY-ST-ZIP SATELLITE BCH FL

TITLE ☐ Delete

VPST  
NAME SHERVEY, WILLIAM  
STREET ADDRESS 373 W CLARIDGE ST  
CITY-ST-ZIP SATELLITE BCH FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

4/24/00

Date

321 773 8022

Daytime Phone #

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

05-02-2000 90079 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3380604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

C:\P2\024 (9/00)