

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90205 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000066861

1. Entity Name
SHIVER YBOR HOLDINGS, INC.



Principal Place of Business

1617 E 8TH AVE
TAMPA, FL 33605 US

Mailing Address

1617 E 8TH AVE
TAMPA, FL 33605 US

2. Principal Place of Business

1915 Republica de Cuba
Suite, Apt. #, etc.

3. Mailing Address

1915 Republica de Cuba
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3397745

Applied For

Not Applicable

Zip
33605

Country

US

Zip

33605

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECHNER, BERNARD J
1243 LAKEVIEW ROAD
CLEARWATER, FL 34616

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHIVER, JULIUS J
STREET ADDRESS 906 KNOWLES ROAD
CITY-ST-ZIP BRANDON, FL 33611

TITLE S ☐ Delete
NAME SHIVER, TESSA G
STREET ADDRESS 906 KNOWLES ROAD
CITY-ST-ZIP BRANDON, FL 33611

TITLE T ☐ Delete
NAME SHIVER, DAMON C
STREET ADDRESS 906 KNOWLES ROAD
CITY-ST-ZIP BRANDON, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

5-8-03 813241-4545

CR2E034 (10/02)