

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101189

1. Entity Name

SHELL 95 CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90032 013 \*\*\*150.00

Principal Place of Business

Mailing Address

8008 JACK JAMES DR  
STUART FL 34997  
US

18301 OAK LEAF DR  
JUPITER FL 33458-3349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SHELL 95 CORP.

8008 JACK JAMES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART FLA

STUART FLA

Zip  
34997

Country

USA

Zip  
34957

Country

4. FEI Number

65-0837526

Applied For

Not Applicable

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

BOSHER, CARL  
18301 OAK LEAF DR  
JUPITER FL 33458

Name  
CARL BOSHER

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

18301 OAK LEAF DR. JUPITER FLA

City  
JUPITER

FL

Zip Code  
33408

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOSHER, CARL  
18301 OAK LEAF DR  
JUPITER FL 33458 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)