

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103187

1. Entity Name

SHELTON PRO SERVICE, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90117 021 ***150.00

Principal Place of Business

175 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

Mailing Address

C/O MOSS & COMPANY
175 LOOKOUT PLACE, #200
MAITLAND FL 32751-8434
US

2. Principal Place of Business

498 PALM SPRINGS DR

Suite, Apt. #, etc.

100

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

US

3. Mailing Address

498 PALM SPRINGS DR

Suite, Apt. #, etc.

100

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3423206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, PETER C
225 EAST ROBINSON STREET
SUITE 540
ORLANDO FL

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 D
NAME SHELTON, EDGAR G
STREET ADDRESS 175 LOOKOUT PLACE, STE 200
CITY-ST-ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 498 PALM SPRINGS DR # 100
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowerment.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

4072619030