

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005375

1. Entity Name

THE SHOULTS COMPANY OF DESTIN, INC.

Principal Place of Business

925 BAMBI DR.
DESTIN FL 32541
US

Mailing Address

925 BAMBI DR
DESTIN FL 32541
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~KRAEMER, MARY K
36474 EMERALD COAST PKY
STE. 4101
DESTIN FL 32541~~

7. Name and Address of New Registered Agent

Name

Ray Shoults

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

925 Bambi Dr

City

Destin

FL

Zip Code

32541

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SHOULTS, HOWARD RAY	925 BAMBI DR DESTIN FL 32541	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

Daytime Phone #

950-837-0392

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90027 021 ***150.00

00018180



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3498989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0035229