

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022155

1. Entity Name

SHELLEY PARK, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90100 005 ***150.00

Principal Place of Business

Mailing Address

PENSACOLA BLVD
 #6703
 PENSACOLA FL 32505
 US

WATERWHEEL TURN
 #4512
 PENSACOLA FL 32514-7220
 US

2. Principal Place of Business

6703 PENSACOLA BLVD

3. Mailing Address

6703 PENSACOLA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3444249

Applied For

Not Applicable

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

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

CHASE, JAMES L
 101 E GOVERNMENT ST
 PENSACOLA FL 32501

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, BHUPAT	
STREET ADDRESS	7200 LILLIAN HWY #703	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATEL, KALAVATI	
STREET ADDRESS	7200 LILLIAN HWY, #703	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, ALKESH	
STREET ADDRESS	7200 LILLIAN HWY, #703	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4/23/00 850-484-5451

CR2E034 (9/99)