

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027121

1. Entity Name

SHAPIRO OF SARASOTA, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90024 026 ***158.75

Principal Place of Business -- TIMBERLAKE DRIVE. A-1 SARASOTA FL 34243	Mailing Address 61941 TIMBERLAKE DRIVE. A-1 SARASOTA FL 34243 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0747183	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAPIRO, ARMAND L 6191 TIMBERLAKE DRIVE, A-1 SARASOTA FL 34243	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, ARMAND 6191 TIMBERLAKE DRIVE A1 SARASOTA FL 34243 ☐ 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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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: <i>Armand L Shapiro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Feb 18, 2000</i> Date	<i>(941) 356-5594</i> Daytime Phone #
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CR2E034 (9/99)