

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036045

1. Entity Name

SHOP ON WHEELS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90278 015 ***150.00

Principal Place of Business

Mailing Address

2032 MAJOR DR.
WEST PALM BCH FL 33415
US

PO BOX 540115
LAKE WORTH FL 33454-0115
US

2. Principal Place of Business

3055 SPRINGFIELD LN.
Suite, Apt. #, etc.

3. Mailing Address

3055 SPRINGFIELD LN.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL.

City & State
LAKE WORTH, FL.

4. FEI Number 65-0747902

Applied For

Not Applicable

Zip Country
33461 PALM BEACH

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33461 PALM BEACH

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

MAHON, DAVID D
2032 MAJOR DR
WPBCH FL 33415

Name MAHON, DAVID D.

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

3055 SPRINGFIELD LN.

City LAKE WORTH

FL

Zip Code 33461

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
NAME MAHON, DAVE
STREET ADDRESS 5989 COY GLEN WAY
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE PRESIDENT
NAME MAHON, DAVID D.
STREET ADDRESS 3055 SPRINGFIELD LN.
CITY-ST-ZIP LAKE WORTH, FL 33461 ☒ Change ☐ Addition

TITLE S
NAME BONFAGLAO, MARC
STREET ADDRESS 515 NORTH FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

DAVID D. MAHON 1-12-2000 361-308-3025

CR2E034 (9/99)