

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047499

1. Entity Name

SHIVER ME TIMBERS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90090 015 ***158.75

Principal Place of Business

Mailing Address

3203 GENERAL ELECTRIC RD
SUITE 2
APOPKA FL 32703

3203 GENERAL ELECTRIC RD
SUITE 2
APOPKA FL 32703-2505

632980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3447790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, DAVID S
3203 GENERAL ELECTRIC RD
SUITE 2
APOPKA FL 32703

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	LEE, DAVID S	NAME	
STREET ADDRESS	3203 GENERAL ELECTRIC RD 2	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	LEE, SALLY A	NAME	
STREET ADDRESS	3203 GENERAL ELECTRIC RD 2	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SALLY A. LEE

3-22-00

407APL 0852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)