

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-09-2001 90109 018 ***150.00

DOCUMENT # P97000081023

1. Entity Name

SHELTRA MARKETING & CONSULTING, INCORPORATED

Principal Place of Business

Mailing Address

7568 PARKSIDE PLACE
 MARGATE FL 33063

7568 PARKSIDE PLACE
 MARGATE FL 33063

2. Principal Place of Business

7568 PARKSIDE PLACE

3. Mailing Address

7568 PARKSIDE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FLORIDA

City & State

MARGATE FLORIDA

Zip

33063

Country

USA

Zip

33063

Country

USA

4. FEI Number

65-0792808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHELTRA, MARC H
 833 RIVERSIDE DR
 SUITE 813
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **SHELTRA, MARC H.**
 Street Address (P.O. Box Number is Not Acceptable)
7568 PARKSIDE PLACE
 City **MARGATE** FL Zip Code **33063**

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]

MARC H SHELTRA PRESIDENT

02/06/01

Signature, typewritten name, or 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	D	<input type="checkbox"/> Delete
NAME	SHELTRA, MARK	
STREET ADDRESS	833 RIVERSIDE DR, STE 813	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC H SHELTRA	
STREET ADDRESS	7568 PARKSIDE PLACE	
CITY-ST-ZIP	MARGATE FLORIDA 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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]

PRESIDENT

02/06/01

954-969-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)