

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0471487 AV

DOCUMENT # P97000095265**1. Entity Name**
SHELDON ROAD CORPORATION

FILED

JAN 26 AM 9:47

Principal Place of Business
6000 COMPTON ESTATES WAY
TAMPA FL 33602**Mailing Address**
6000 COMPTON ESTATES WAY
TAMPA FL 33602SECRETARY OF STATE
TALLAHASSEE FLORIDA**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3481947**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**☐ CHECK HERE IF MAKING CHANGES**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****INGLIS, JOHN S**
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD #2800
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **WILF, LEONARD**
STREET ADDRESS **820 MORRIS TURNPIKE**
CITY-ST-ZIP **SHORT HILLS NJ 07078****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **WILF, ZYGMUNT**
STREET ADDRESS **820 MORRIS TURNPIKE**
CITY-ST-ZIP **SHORT HILLS NJ 07078****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **WILF, MARK**
STREET ADDRESS **820 MORRIS TURNPIKE**
CITY-ST-ZIP **SHORT HILLS NJ 07078****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **KINSLER, WARREN**
STREET ADDRESS **6000 COMPTON ESTATES WAY**
CITY-ST-ZIP **TAMPA FL 33602****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **RAZZANO, FRANK**
STREET ADDRESS **875 HOOVER BOULEVARD**
CITY-ST-ZIP **NEW BRUNSWICK NJ 08902****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Warren Kinsler, Director** **01/08/2003** **813/910-7914**

Date

Daytime Phone #

CR2E034 (10/02)