

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095489

1. Entity Name

SHEFF ENTERPRISES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 002 ***150.00

Principal Place of Business

56 B STREET
#2
MADIERA BEACH FL 33708
US

Mailing Address

P.O. BOX 86216
MADIERA BEACH FL 33738-6216
US

2. Principal Place of Business

7613 117th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole, FL ~~5613~~

Zip

33772

Country

USA

City & State

Zip

Country

4. FEI Number

59-3476277

Applied For

Not Applicable

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

SHEFF, TYLER

56 B STREET #2

MADIERA FL 33708

7613 117th ST. N.
Seminole, FL 33772

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFF, TYLER	
STREET ADDRESS	56 B STREET #2	
CITY-ST-ZIP	7613 117th ST. N. MADIERA BEACH FL 33708 Seminole, FL 33772	
TITLE	PST	<input type="checkbox"/> Delete
NAME	SHEFF, TYLER	
STREET ADDRESS	56 B STREET #2	
CITY-ST-ZIP	7613 117th ST. N. MADIERA BEACH FL 33708 Seminole, FL 33772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURCH, HARLONE	
STREET ADDRESS	Burch, Harlan	
CITY-ST-ZIP	11000 62ND AVE N #304A SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Tyler B. Sheff, President 3/20/00 727-394-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)