

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90095 029 ***150.00

DOCUMENT # P97000095803

1. Entity Name
SHUANEY CORPORATION

Principal Place of Business

600 S BARRACKS STREET
 SUITE 210
 PENSACOLA FL 32501

Mailing Address

600 S BARRACKS STREET
 SUITE 210
 PENSACOLA FL 32501-6043

00014041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

FWB FLA

Zip
32540

Country
USA

3. Mailing Address

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

FWB FLA

Zip
32540

Country
USA

4. FEI Number **59-3478351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALFORD, DOUGLAS C
600 S BARRACKS STREET
SUITE 210
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

4 LAGUNA STREET

SUITE 201

City

FORT WALTON BCH

FL

Zip Code

32540

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

TITLE **D** ☒ Delete
 NAME **HALFORD, DOUGLAS C**
 STREET ADDRESS **600 S BARRACKS STREET #210**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
 NAME **SCHWEIZER, JOAN**
 STREET ADDRESS **600 S BARRACKS STREET #210**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete
 NAME **SCHWEIZER, JEFFREY L**
 STREET ADDRESS **600 S BARRACKS STREET #210**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **TODD SCHWEIZER V.P.**
 STREET ADDRESS **4 LAGUNA STREET SUITE 201**
 CITY-ST-ZIP **FORT WALTON BCH FLA 32540**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000 850301079

Date

Daytime Phone #

CR2E034 (9/99)