

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90019 046 ***150.00

DOCUMENT # P97000107683

1. Entity Name

JOHN SHOUBE TRAINING AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3780 CUTLASS BAYOU
NOKOMIS FL 34275

3780 CUTLASS BAYOU
NOKOMIS FL 34275

2. Principal Place of Business

~~PORT CHARLOTTE, FL~~

3. Mailing Address

8260 BURWELL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

8260 BURWELL CIRCLE

Zip

33981

Country

CHARLOTTE

Zip

33981

Country

CHARLOTTE

4. FEI Number

65-0810159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOUBE, JOHN
3780 CUTLASS BAYOU
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

SHOUBE JOHN

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

8260 BURWELL CIRCLE

City

PORT CHARLOTTE

FL

Zip Code

33981

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.

JOHN H. SHOUBE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2001

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
NAME SHOUBE, JOHN
STREET ADDRESS 3780 CUTLASS BAYOU
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE D
NAME SHOUBE, PRUDENCE S
STREET ADDRESS 3780 CUTLASS BAYOU
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8260 BURWELL CIRCLE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8260 BURWELL CIRCLE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

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

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

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

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

JOHN H. SHOUBE

DATE

1/29/2001 941 697452

Daytime Phone #

CR2E034 (10/00)

0629040