

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034362

1. Entity Name
SHERFRED, INC.

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

04-22-2000 90006 001 ***150.00

Principal Place of Business

3502 SE 18TH AVE
OCALA FL 34471

Mailing Address

3502 SE 18TH AVE
OCALA FL 34471-6762

2. Principal Place of Business

6051 SW 18th Ct Rd
Suite, Apt. #, etc.

3. Mailing Address

6051 SW 18th Ct Rd
Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

65-0846552

Applied For

Not Applicable

Zip

34474

Country

Marion

Zip

34474

Country

Marion

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

FULLER, JEFFERY M
100 N TAMPA ST, SUITE 2650
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.

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
NAME VERO, FRANK M
STREET ADDRESS 2300 SE 17TH ST, SUITE 401
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE VERO FRANK M. Pres & Change
NAME VERO FRANK M. Pres & Addition
STREET ADDRESS 6051 SW 18th Ct Rd
CITY-ST-ZIP Ocala FL. 34474 ☐ Change ☒ Addition

TITLE D.P. S
NAME D.P. S
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE U.P. Sec.
NAME Mark A. Phelps
STREET ADDRESS 2712 S.W. 132 Terr
CITY-ST-ZIP Archer FL. 32618 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 or on an attachment with an address, with all other like empowered.

FILE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK M. VERO 4/11/00 291-2966
352
Date Daytime Phone #

CR2E034 (9/99)