

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000040782**

1. Entity Name

SHEENA ENTERPRISES, INC.

Principal Place of Business

**1101 BLANDING BOULEVARD
ORANGE PARK FL 32065**

Mailing Address

**P O BOX 115
DOCTORS INLET FL 32030
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3512211

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

**SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER FL 33759**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BROWN, DANIEL
STREET ADDRESS 2316 LOCUSTWOOD
CITY-ST-ZIP ORANGE PARK FL 32065TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME GERMAIN, GERALD V
STREET ADDRESS 1703 PELICAN PL
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME SMITH, CHRISTOPHER A
STREET ADDRESS 6306 BAYSIDE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME GERMAIN, MICHELLE
STREET ADDRESS 1703 PELICAN PL
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☐ Delete
NAME BROWN, KIMBERLY
STREET ADDRESS 2316 LOCUSTWOOD
CITY-ST-ZIP ORANGE PARK FL 32065TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90270 042 ***150.00

00065209

DO NOT WRITE IN THIS SPACE

047458

CR2E034 (10/00)