

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044868

1. Entity Name

SHELTON FAMILY ENTERPRISES, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90133 020 ***150.00

Principal Place of Business

Mailing Address

139 EAST BURGESS ROAD
PENSACOLA FL

139 EAST BURGESS ROAD
PENSACOLA FL 32503-7244

2. Principal Place of Business

14110 Perdido Key Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544930

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

WHITMAN, LINDA B
139 EAST BURGESS ROAD
PENSACOLA FL 32503

Name

JERRY W SHELTON

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

14110 PERDIDO KEY DR. #C1

City

PENSACOLA

FL

Zip Code

32507

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

3/23/2000

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

NAME

STREET ADDRESS

CITY - ST - ZIP

D
WHITMAN, LINDA B
139 EAST BURGESS ROAD
PENSACOLA FL 32503

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SHELTON, JERRY W
139 EAST BURGESS ROAD
PENSACOLA FL 32503

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

☒ Change

☐ Addition

14110 PERDIDO KEY DR #C1
PENSACOLA, FL 32507

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

850-497-09

Daytime Phone #