

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053001

1. Entity Name

SHEFF EXPRESS DIGITAL IMAGING, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90138 010 ***150.00

Principal Place of Business

Mailing Address

25 SECOND STREET NORTH SUITE 160
ST. PETERSBURG FL 33701

25 SECOND STREET NORTH SUITE 160
ST. PETERSBURG FL 33701-3362

2. Principal Place of Business

3. Mailing Address

6731 30th St. So.

6731 30th St. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3515392

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

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

JONES, HAROLD

25 SECOND STREET NORTH SUITE 160
ST. PETERSBURG FL 33701

Name

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

6731 30th St. So.

City

St. Petersburg

FL

Zip Code

33712

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	P	<input type="checkbox"/> Delete
NAME	SHEFFIELD, GARY A	
STREET ADDRESS	25 SECOND STREET NORTH SUITE 160	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, BETTY	
STREET ADDRESS	25 SECOND STREET NORTH SUITE 160	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, HAROLD	
STREET ADDRESS	25 SECOND STREET NORTH SUITE 160	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St. South	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St. So.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6731 30th St. So.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Harold Jones

Secretary/Treasurer

4-26-00

CR2E034 (9/99)