

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90095 019 \*\*\*150.00

DOCUMENT # P98000056400

1. Entity Name

LISA DARLENE SHOCK, P.A.

Principal Place of Business

Mailing Address

199 BENT ARROW DRIVE  
DESTIN FL 32541

199 BENT ARROW DRIVE  
DESTIN FL 32541-2555

2. Principal Place of Business

4105 Burning Tree Drive

3. Mailing Address

4105 Burning Tree Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

Country

32541

Zip

Country

32541

4. FEI Number

59-3526957

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

SHOCK, LISA DARLENE  
199 BENT ARROW DRIVE  
DESTIN FL 32541

Name

Shock, Lisa Darlene

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

4105 Burning Tree Drive

City

Destin

FL

Zip Code

32541

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

*Lisa Darlene Shock, P.A.*

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 4-11-00

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	<input type="checkbox"/> Delete
NAME	SHOCK, LISA DARLENE	
STREET ADDRESS	199 BENT ARROW DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shock, Lisa Darlene	
STREET ADDRESS	4105 Burning Tree Drive	
CITY-ST-ZIP	Destin, FL 32541	
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		
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:

*Lisa Darlene Shock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 850-654-1821

CR2E034 (9/99)