

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065087

1. Entity Name

THE MICHAEL SHERMAN COMPANY

Principal Place of Business

7225 W. HILLSBOROUGH AVE.
TAMPA FL 33634

Mailing Address

7225 W. HILLSBOROUGH AVE.
TAMPA FL 33634-4951

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHERMAN, MICHAEL A
6518 APPALOOSA DR.
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

MICHAEL A. SHERMAN

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

1700 SAN PABLO RD. #1018

City

JACKSONVILLE

FL

Zip Code

32224

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

2/28/00

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

TITLE P
NAME SHERMAN, MICHAEL A
STREET ADDRESS 6518 APPALOOSA DRIVE
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90048 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3565933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR20004 10/000

2/28/00 (704) 220-8520