

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076132

1. Entity Name

STEVEN E. SHUBA CONSULTING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90046 013 ***150.00

Principal Place of Business

Mailing Address

3314 LEONA ST.
TAMPA FL 33629

3314 LEONA ST.
TAMPA FL 33629-8016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3525 Autumn Glen Dr.

Suite, Apt. #, etc.

3525 Autumn Glen Dr.

City & State

Valrico FL

City & State

Valrico FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

54-3521105

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

SHUBA, STEVEN E
3314 LEONA ST.
TAMPA FL 33629

Name

Steven E. Shuba

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

3525 Autumn Glen Dr.

City

Valrico

FL

Zip Code

33594

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

4-8-00

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 ☐ Delete
NAME D
STREET ADDRESS SHUBA, STEVEN E
CITY-ST-ZIP 3314 LEONA ST.
TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3525 Autumn Glen Dr.
CITY-ST-ZIP Valrico FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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
Steven E. Shuba

Date

4-8-00

Daytime Phone #

(813) 654-3396

CR2E034 (9/99)