

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90027 008 \*\*\*150.00

**DOCUMENT # P98000077349**

1. Entity Name

**SHARKEY & COMPANY, INC.**

Principal Place of Business

**215 S. MONROE ST., SUITE 500  
SUITE 540  
TALLAHASSEE FL 32301**

Mailing Address

**P. O. BOX 10775  
TALLAHASSEE FL 32302**

**00005443**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**106 E. College Avenue  
Ste 640**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

Zip **32301**

Country **USA**

Zip

Country

4. FEI Number **59-3531003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHARKEY, JEFFREY B  
215 S. MONROE ST. SUITE 540  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**Same**

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

**106 E. College Avenue, # 640**

City

**Tallahassee**

**FL**

Zip Code

**32301**

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

*Jeffrey B. Sharkey*

**Jeffrey B. Sharkey**

**1/10/01**

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistating)

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, 2001 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 **SHARKEY, JEFFREY B**  
STREET ADDRESS **215 S. MONROE ST. SUITE 540**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **106 E. College Avenue, # 640**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 and an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey B. Sharkey**

**1/10/01**

**(850)224-1660**

Date

Daytime Phone #

0460131

CR2E034 (10/00)