

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000094383**

1. Entity Name

SHERMAN & ASSOCIATES, INC.**FILED****May 22, 2000 8:00 am**
Secretary of State

05-22-2000 90007 035 ***150.00

Principal Place of Business

6719 WINKLER RD., SUITE 110
FT. MYERS FL 33919

Mailing Address

P.O. BOX 1300
FT. MYERS FL 33902-1300

2. Principal Place of Business

6719 Winkler Road Suite 210
Suite, Apt. #, etc.
Fort Myers, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33919-7200

US

4. FEI Number

65-0883442

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

SHERMAN, GARY L
6719 WINKLER RD., SUITE 110
FT. MYERS FL 33919

Name

Gary L. Sherman

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

6719 Winkler Road, Suite 210
Fort Myers

City

FL

Zip Code

33919-7200

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 State10. 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 PD ☐ Delete
NAME SHERMAN, GARY L
STREET ADDRESS 6719 WINKLER RD., STE 110
CITY-ST-ZIP FT. MYERS FL 33919TITLE P/D ☒ Change ☐ Addition
NAME Gary L. Sherman
STREET ADDRESS 6719 Winkler Road, Suite 210
CITY-ST-ZIP Fort Myers, FL 33919-7200TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L. Sherman

4/30/00

941-437-9600

CR2E034 (9/99)