

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90014 030 \*\*\*550.00

0115679 AT

**DOCUMENT # P98000097671**  
 1. Entity Name  
**SHOLAN-MOHR, INC.**

Principal Place of Business      Mailing Address  
**276 23RD AVENUE**      **276 23RD AVENUE**  
**VERO BEACH FL 32962**      **VERO BEACH FL 32962**



2. Principal Place of Business      3. Mailing Address  
**980 36th Ct**      **1105 39th Av**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Bay B**

City & State      City & State  
**Vero Beach FL**      **Vero Beach FL**  
 Zip      Country      Zip      Country  
**32968**      **USA**      **32960**      **USA**

4. FEI Number      Applied For  
**65-0878011**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MOHR, JOSEPH M**  
**276 23RD AVENUE**  
**VERO BEACH FL 32962**

**7. Name and Address of New Registered Agent**  
 Name **Joseph M. Mohr**  
 Street Address (P.O. Box Number is Not Acceptable) **1105 39th Av**  
 City **Vero Beach**      **FL**      Zip Code **32960**

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 *Joseph M. Mohr*      DATE **8/22/01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOHR, JOSEPH M</b>	
STREET ADDRESS	<b>276 23RD AVENUE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOHR, ELLEN M</b>	
STREET ADDRESS	<b>276 23RD AVE.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1105 39th Av</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1105 39th Av</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
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: *Joseph M. Mohr*      DATE **8/22/01**      DAYTIME PHONE # **561-569-9233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)