

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107982

1. Entity Name

SHARON M. DUBBERLY COURT REPORTING, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 006 ***550.00

Principal Place of Business

Mailing Address

3837 KARISSA ANN PLACE EAST
JACKSONVILLE FL 32223

3837 KARISSA ANN PLACE EAST
JACKSONVILLE FL 32257-1461

2. Principal Place of Business

136 CEDARWOOD CIRCLE

3. Mailing Address

136 CEDARWOOD VILLAGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32119

Country

USA

Zip

32119

Country

4. FEI Number

59-3549366

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

DUBBERLY, SHARON M
3837 KARISSA ANN PLACE EAST
JACKSONVILLE FL 32223

Name
DUBBERLY, SHARON M.
Street Address (P.O. Box Number is Not Acceptable)
136 CEDARWOOD VILLAGE CIRCLE

City
DAYTONA BEACH FL Zip Code
32119

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

Sharon M Dubberly Sharon M Dubberly

8/1/2000

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 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	D	<input type="checkbox"/> Delete
NAME	DUBBERLY, SHARON M	
STREET ADDRESS	3837 KARISSA ANN PLACE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PST	<input type="checkbox"/> Delete
NAME	DUBBERLY, SHARON M	
STREET ADDRESS	3837 KARISSA ANN PLACE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBERLY, SHARON M	
STREET ADDRESS	136 CEDARWOOD VILLAGE CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBERLY, SHARON M	
STREET ADDRESS	136 CEDARWOOD VILLAGE CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
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		
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:

Sharon M Dubberly Sharon M Dubberly 8/1/2000 904763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5070

CR2E034 (9/99)