

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006906

1. Entity Name
SHEARD PROPERTIES, INC.

Principal Place of Business
2550 HIGHLAND AVENUE
FT. MYERS FL 33916

Mailing Address
2550 HIGHLAND AVENUE
FT. MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0900260

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

SHEARD, JAMES
2552 HIGHLAND AVENUE
FT. MYERS FL 33916

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D SHEARD, JAMES
STREET ADDRESS 2550 HIGHLAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33916

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

TITLE NAME ☐ Delete
D SHEARD, CURTIS
STREET ADDRESS 2116 MALLARD WOODS PLACE
CITY-ST-ZIP CHARLOTTE NC 28262

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 3432 DORA STREET
CITY-ST-ZIP Ft. MYERS, FL 33916

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

31 Aug 01 (941) 332-7760

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90002 004 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)