

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008771

1. Entity Name  
**SHEFFIELD SURPRISES, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
04-18-2000 90141 009 \*\*\*150.00

Principal Place of Business  
**OCEAN OAKS DRIVE N.  
BEACH FL 32034**

Mailing Address  
**2795 OCEAN OAKS DRIVE N.  
FERNANDINA BEACH FL 32034-4826**

2. Principal Place of Business  
**Same**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59 355 6543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCARROLL, LORIE L C.P.A.  
2334 E. STATE ROAD 200  
SUITE 300  
FERNANDINA BEACH FL 32034**

Name

**Wes Sheffield**

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

**2384 Sadler Rd**

City

**Fernandina Beach**

**FL**

Zip Code

**32034**

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

**George W. Sheffield Jr. owner/vp 4-11-00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<b>D</b>	<b>SHEFFIELD, JENNIFER</b>	<b>2795 OCEAN OAKS DRIVE N.</b>	<b>FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	CHANGE	ADDITION
<b>V</b>	<b>George W. Sheffield Jr</b>	<b>2795 Ocean Oaks Drive N.</b>	<b>Fernandina Beach, FL 32034</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: **Jennifer Lynn Kelly-Sheffield 4-10-00 904-277-7634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)