## 2000 UNIFORM BUSINESS REPORT (UBR)

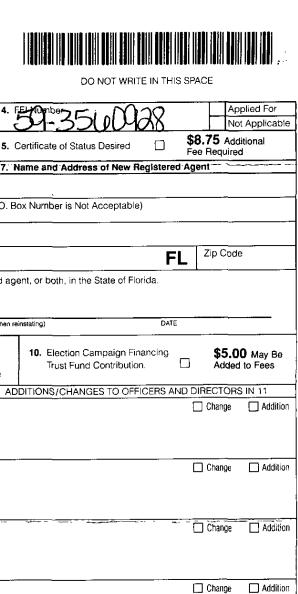
## DOCUMENT # **P99000011807**

## RON SHIFLETT'S LATHING INC

Principal Place of Business Mailing Address RT 4 BOX 1420 4 BOX 1420 PALATKA FL 32177-9374 FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country

## Feb 24, 2000 8:00 am Secretary of State

02-24-2000 90007 046 \*\*\*150.00



5. Certificate of Status Desired -7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent SHIFLETT, RON Street Address (P.O. Box Number is Not Acceptable) RT 4 BOX 1420 PALATKA FL 32177 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE SHIFLETT, RON NAME STREET ADDRESS STREET ADDRESS RT 4 BOX 1420 CITY-ST-ZIP CITY-ST-71P PALATKA FL 32177 ☐ Delete TITLE TITLE SHIFLETT, ELLA NAME NAME STREET ADDRESS RT 4 BOX 1420 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32177 Delete TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

☐ Delete

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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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

Addition