

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011807

1. Entity Name

RON SHIFLETT'S LATHING INC

Principal Place of Business

RT 4 BOX 1420  
PALATKA FL 32177

Mailing Address

RT 4 BOX 1420  
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

585 W. Peniel Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL

Zip

Country

32177 USA

4. FEI Number 59-3560928

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

SHIFLETT, RON  
RT 4 BOX 1420  
PALATKA FL 32177

Name

585 W. Peniel Rd

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)

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS SHIFLETT, RON  
CITY-ST-ZIP RT 4 BOX 1420  
PALATKA FL 32177

TITLE ☐ Change ☐ Addition  
NAME 585 W. Peniel Rd  
STREET ADDRESS Palatka, FL 32177  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHIFLETT, ELLA  
CITY-ST-ZIP RT 4 BOX 1420  
PALATKA FL 32177

TITLE ☐ Change ☐ Addition  
NAME 585 W. Peniel Rd  
STREET ADDRESS Palatka, FL 32177  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: X

Ronald Shiflett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90014 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)