

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90168 006 ***158.75

DOCUMENT # P99000012873

1. Entity Name

SHRED-IT ORLANDO, INC.

Principal Place of Business

**6110 EDGEWATER DRIVE
SUITE A
ORLANDO FL 32810**

Mailing Address

**6110 EDGEWATER DRIVE
SUITE A
ORLANDO FL 32810**

2. Principal Place of Business

601 Central Park Dr.
Suite, Apt. #, etc.

3. Mailing Address

601 Central Park Dr.
Suite, Apt. #, etc.

City & State

Sanford, Fl. 32771

City & State

Sanford, Fl. 32771

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

4. FEI Number

59-3554544

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

Name

Johnson, Sarah C.

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

601 Central Park Dr.

City

Sanford

FL

Zip Code

32771

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SARAH C	
STREET ADDRESS	6110 EDGEWATER DRIVE SUITE A	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL D	
STREET ADDRESS	4658 127TH TRAIL NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Sarah C	
STREET ADDRESS	601 Central Park Dr.	
CITY-ST-ZIP	Sanford FL. 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL D.	
STREET ADDRESS	601 Central Park Dr.	
CITY-ST-ZIP	Sanford Fl. 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah C. Johnson **1/18/2001** **407-445-8066**

Date

Daytime Phone #

CR2E034 (10/00)



804995
Doc # P99000012873

Dear Customers,

We will be moving to a new location on January 26th, 2001.

Our new billing address will be:

Shred-it Orlando
601 Central Park Drive
Sanford , Fla. 32771

Our phone number will remain the same, #407-445-8066,
And our Email address is, :Orlando@shredit.com

Sincerely,

The Shred-it Orlando Staff