

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000013279**

1. Entity Name
R. SHAFFER, INC.

FILED

02 OCT -7 PM 2:32

Principal Place of Business

**1110 APT 101
LAKE PARK FL 33403**

Mailing Address

**1110 APT 101
LAKE PARK FL 33403**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1110 Lake Shore Dr.

Suite, Apt. #, etc.

3. Mailing Address

1110 Lake Shore Dr. A101

Suite, Apt. #, etc.

City & State

Lake Park Shore Dr.

City & State

Lake Park, Fl. 33403

4. FEI Number

65-0883595

Applied For

Not Applicable

Zip

Country

Palm Bch.

Zip

Country

Palm Beach

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

SHAFFER, RICHARD

924 9 WAY

WEST PALM BEACH FL 33407

1110 Lake Shore Dr.

Lake Park, Fl. 33403

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 **D** ☐ Delete
NAME **SHAFFER, RICHARD**
STREET ADDRESS **924 9 WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1110 Lake Shore Dr. A101**
CITY-ST-ZIP **Lake Park, Fl. 33403**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Shaffer

848-0048

CR2E034 (4/02)

SEPTEMBER 23, 2002

1110 LAKE SHORE DRIVE
APT. 101
LAKE PARK, FL. 33443

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

ENCLOSED YOU WILL FIND A CHECK IN THE AMOUNT OF \$150.00.

WE HAVE SPOKE WITH YOUR OFFICE AND THEY ADVISED US TO GO
AHEAD AND SEND MONEY. ALSO, WE WILL MAKE THE CORRECTIONS ON
THE MAILING ADDRESS.

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT.

THANKLING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS
MATTER.

SINCERELY

RICHARD SHAFFER. INC.