

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90327 009 ***158.75

DOCUMENT # **P99000017925**

1. Entity Name

Shelwood Records Shop, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5133 Soutel DL.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32208

Country

USA

Zip

Country

4. FEI Number

59-3588624

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARILYN TAYLOR JEFFERSON

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

5875 Spellman Rd

City

JACKSONVILLE

FL

Zip Code

32209

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

Marilyn Taylor Jefferson - President

5/15/02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	P MARILYN TAYLOR JEFFERSON 5875 SPELLMAN RD JAX FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVINE WESTMERE 7600 PRICHARD ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARILYN TAYLOR JEFFERSON 5875 SPELLMAN RD JAX FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARVINE WESTMERE 7600 PRICHARD ROAD JAX FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn Taylor Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02

Date

(984) 718-4153

Daytime Phone #

CR2E034B (12/01)