

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90053 012 ***550.00

DOCUMENT # P99000018614

1. Entity Name
SHAUGHNESSY O'SHAUGHNESSY EXPORT, INC.

Principal Place of Business

POST OFFICE BOX 1358
MARCO ISLAND FL 34146

Mailing Address

POST OFFICE BOX 1358
MARCO ISLAND FL 34146

2. Principal Place of Business

1429 COLLINGSWOOD AVE

- Suite, Apt. #, etc.

3. Mailing Address

1429 COLLINGSWOOD AVE

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

Zip

34145

Country

USA

City & State

MARCO ISLAND FL

Zip

34145

Country

USA

4. FEI Number

59-356 0979

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR
SUITE 101
2121 COUNTY ROAD 951
GOLDEN GATE FL 34116-6543

7. Name and Address of New Registered Agent

Name

SHAUGHNESSY, MARK W.

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

1429 COLLINGSWOOD AVE

City

MARCO ISLAND

FL

Zip Code

34145

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 MARK W. SHAUGHNESSY Mark W. Shaughnessy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/00

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, 2000 Min. 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

TITLE ☒ Delete
NAME D
STREET ADDRESS SHAUGHNESSY, MARK W
CITY-ST-ZIP POST OFFICE BOX 1358
MARCO ISLAND FL 34146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS SHAUGHNESSY, MARK W.
CITY-ST-ZIP 1429 COLLINGSWOOD AVE
MARCO ISLAND, FL 34145

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

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

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

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

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:

Mark W. Shaughnessy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK W. SHAUGHNESSY

8/27/00

Date

941-394-1586

Daytime Phone #

CR2E034 (5/00)