

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028421

1. Entity Name

SOUTH FLORIDA SHUTTERS, INC.

(R)

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-15-2000 90019 013 ***150.00

Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD., #346
CORAL GABLES FL 33134

1825 PONCE DE LEON BLVD., #346
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0914554

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

SHELTON, JOHN
1825 PONCE DE LEON BLVD., #346
CORAL GABLES FL 33134

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SHELTON, JOHN
STREET ADDRESS 1825 PONCE DE LEON BLVD., #346
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

John Shelton

8/8/00

305 638-8969

CR2E034 (5/00)

PMB 346
Ponce De Leon Blvd
Coral Gables Fl, 33134



Attachment
DH # 9000028421

Office (305) 638-8969
Fax (305) 638-8970

Licensed & Insured
CC#99BS00231

Sales, Service,
& Installation

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

8/8/00

Dear Sir or Madam,

This letter is to inform you in writing that South Florida Shutters Inc. did not receive the year 2000 uniform business report in January of this year. Through phone conversations I have been directed to notify you via writing on company letterhead. I have properly filled out the attached uniform business report and am sending the amount of \$150.00 to the above referenced P.O. box.

John D. Shelton III, President