

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000046510

1. Entity Name

SHIVER & SHIVER ELECTRIC, INCORPORATED

2

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-13-2000 90033 028 ***150.00

Principal Place of Business

Mailing Address

R.R. 2, BOX 320
MONTICELLO FL 32344-9802

R.R. 2, BOX 320 P.O. Box 25
MONTICELLO FL 32344-9802 32345

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

59-3580260

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

SHIVER, DOUGLAS M JR.

R.R. 2, BOX 320 P.O. Box 25
MONTICELLO FL 32344-9802 32345

288 Lake Road

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 see 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
property filing requirement and elects to do so.
YES (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Douglas M. Shiver, Jr.
Rt. 2 Box 320
Monticello, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Douglas M. Shiver, Sr.
Rt. 2 Box 320
Monticello, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas
Kathy Shiver
Rt. 2 Box 320
Monticello, FL 32344

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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)(l), 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: Kathy Shiver Kathy Shiver

4-28-00 850-997-5869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #