

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048266

1. Entity Name

THE SHIELDS PUBLISHING GROUP, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90133 043 ***150.00

Principal Place of Business

2933 W. STATE ROAD 434, #121
LONGWOOD FL 32779

Mailing Address

2933 W. STATE ROAD 434, #121
LONGWOOD FL 32779-4457

2. Principal Place of Business

2925 W. STATE RD 434

3. Mailing Address

2925 W. STATE ROAD 434

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

121

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779 SEMINOLE

Zip

32779 SEMINOLE

Country

SEMINOLE

4. FEI Number

593577321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, JAMES
2933 W. STATE ROAD 434, #121
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

SHERYL A. WAGNER

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

2925 W. STATE ROAD 434, #121

City

LONGWOOD

FL

Zip Code

32779

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

Sheryl A. Wagner

SHERYL A. WAGNER, PRES.

4-30-00

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 \$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

TITLE P ☒ Delete
NAME CALDWELL, JAMES
STREET ADDRESS 2933 W. STATE ROAD 434, #121
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VST ☐ Delete
NAME WAGNER, SHERYL
STREET ADDRESS 2933 W. STATE ROAD 434, #121
CITY-ST-ZIP LONGWOOD FL 32779

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
STREET ADDRESS
CITY-ST-ZIP

TITLE PVST ☒ Change ☐ Addition
NAME WAGNER, SHERYL
STREET ADDRESS 2925 W. STATE ROAD 434, #121
CITY-ST-ZIP LONGWOOD, FL 32779

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:

Sheryl A. Wagner

SHERYL A. WAGNER

4-30-00

(407) 286-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #