

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049187

1. Entity Name
SHINEX INTERSTATE DEVELOPMENT INC

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 048 ***550.00

Principal Place of Business

1036 HOPE STREET
VENICE, FL 34292

Mailing Address

1036 HOPE STREET
VENICE FL 34292

80134153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0923312

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAKUBIUK, STAN
1691 MISSION VALLEY BLVD.
NOKOMIS, FL 34275

Name JAKUBIUK STAN

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

1036 HOPE ST.

City VENICE

FL

Zip Code 34292

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 P
NAME JAKUBIUK, STAN
STREET ADDRESS 1691 MISSION VALLEY BLVD.
CITY-ST-ZIP NOKOMIS FL 34275 ☒ Delete

TITLE JAKUBIUK STAN
NAME JAKUBIUK STAN
STREET ADDRESS 1036 HOPE ST.
CITY-ST-ZIP VENICE, FL 34292 ☒ Change ☐ Addition

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-07-02 (941) 488-3120

Date

Daytime Phone #

CR2E034 (4/02)