

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D99 0000 58024**

1. Entity Name **SHONK ENTERPRISES, INC.**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90484 040 \*\*\*150.00

**00056911**

Principal Place of Business  
**117 SHALIMAR AVE N.W.**  
**PALM BAY, FLORIDA**  
**32907 U.S.A.**

Mailing Address  
**117 SHALIMAR AVE N.W.**  
**PALM BAY, FLORIDA**  
**32907 USA**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59 3577183**

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**

**TIM SHONK**  
**117 SHALIMAR AVE N.W.**  
**PALM BAY, FLORIDA**  
**32907**

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CHAIRMAN	TIM SHONK	117 SHALIMAR AVE N.W.	PALM BAY, FLORIDA 32907	<input type="checkbox"/>
PRESIDENT	TIM SHONK	117 SHALIMAR AVE N.W.	PALM BAY, FLORIDA 32907	<input type="checkbox"/>
VICE PRESIDENT	TIM SHONK	117 SHALIMAR AVE N.W.	PALM BAY, FLORIDA 32907	<input type="checkbox"/>
SECRETARY	TIM SHONK	117 SHALIMAR AVE N.W.	PALM BAY, FLORIDA 32907	<input type="checkbox"/>
TREASURER	TIM SHONK	117 SHALIMAR AVE N.W.	PALM BAY, FLORIDA 32907	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE: **TIM SHONK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 27, 2000**  
Date

**321-723-5578**  
Daytime Phone #

CR2E034 (9/99)