

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90074 034 ***150.00

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DOCUMENT # P99000058024

1. Entity Name
SHONK ENTERPRISES, INC.

Principal Place of Business
7540-3 GREENBORO DRIVE
WEST MELBOURNE FL 32904

Mailing Address
7540-3 GREENBORO DRIVE
WEST MELBOURNE FL 32904

00010011



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 **59-3577183**

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

SHONK, TIM
7540-3 GREENBORO DRIVE
WEST MELBOURNE FL 32904

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, 2002 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
CPVS SHOUK, TIM
 STREET ADDRESS
7540-3 GREENBORO DRIVE
 CITY-ST-ZIP
WEST MELBOURNE FL 32904

☐ Delete

TITLE NAME
CPVSTDM SHONK, TIM
 STREET ADDRESS
7540-3 GREENBORO DRIVE
 CITY-ST-ZIP
WEST MELBOURNE, FL 32904

☒ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 5, 2002

Date

321-723-5578

Daytime Phone #

CR2E034 (9/01)