

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90007 046 ***150.00

DOCUMENT # P99000060546

1. Entity Name

SHEA & ASSOCIATES, INC.

Principal Place of Business

**3060 LONGBROOKE WAY
 CLEARWATER FL 33760-1700**

Mailing Address

**3060 LONGBROOKE WAY
 CLEARWATER FL 33760-1700**

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

59-3596650

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

**BORGFELDT, NICHOLAS
 3060 LONGBROOKE WAY
 CLEARWATER FL 33760-1700**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SHEA, CHRISTINE	
STREET ADDRESS	3060 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORGFELDT, NICHOLAS R	
STREET ADDRESS	3060 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEA-BORGFELDT, NICHOLAS C	
STREET ADDRESS	3060 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, GARRICK J	
STREET ADDRESS	9996 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borgfeldt, Nicholas R.	
STREET ADDRESS	SAME	
CITY-ST-ZIP	"	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shea-Borgfeldt, Nicholas, C.	
STREET ADDRESS	SAME	
CITY-ST-ZIP	"	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Shea, President

Christine Shea

Shea & Associates

927-531-3383

Date

Daytime Phone #

CR2E034 (10/00)