

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069504

1. Entity Name

SHEFFIELD INVESTIGATIONS, INC.

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 007 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 291140
PT. ORANGE FL 32129

P.O. BOX 291140
PT. ORANGE FL 32129-1140

00063844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 731224

3. Mailing Address

P.O. BOX 731224

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLA

City & State

ORMOND BEACH, FL 3

4. FEI Number

59-3608301

Applied For

Not Applicable

Zip

32173-1224

Country

VOLUNSA

Zip

32173-1224

Country

VOLUNSA

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

LIGHTFOOT, GORDON W
10063 OLD CENTERVILLE RD.
TALLAHASSEE FL 32308

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	PVST SHEFFIELD, ROBERT A P.O. BOX 291140 PT. ORANGE FL 32129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, ROBERT A P.O. BOX 291140 PT. ORANGE FL 32129	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A SHEFFIELD

PRESIDENT

6/8/2000

Date

9046767439

Daytime Phone #

CR2E034 (9/99)