

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90327 033 \*\*\*150.00

DOCUMENT # P99000070419

1. Entity Name

SHANRIC, INC.

Principal Place of Business

13499 USS41

#111

Fort Myers, FL 33907

Mailing Address

13499 US 41

#111

Fort Myers, FL 33907

2. Principal Place of Business

63 Barkley Circle

3. Mailing Address

63 Barkley Circle

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-0938930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**C0049763**

6. Name and Address of Current Registered Agent

Lewis, Jeffrey W.

63 Barkley Cir Ste 100

Fort Myers, FL 33907

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME Lewis, Jeffrey W  
STREET ADDRESS 63 Barkley Cir Ste 100  
CITY-ST-ZIP Fort Myers, FL 33907

TITLE D ☒ Delete  
NAME Palmer, Eric  
STREET ADDRESS 1000 E Jersey Road  
CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE STD ☐ Change ☒ Addition  
NAME Lewis, Susan  
STREET ADDRESS 63 Barkley Cir Ste 100  
CITY-ST-ZIP Fort Myers, FL 33907

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

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

TITLE ☐ Change ☐ 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:

JEFFREY W. LEWIS, PRESIDENT

Date

Daytime Phone #

941-278-5200

CR20034 (11/00)