

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074560

1. Entity Name

SHARDAN OF DESOTO, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90115 002 ***150.00

Principal Place of Business

223 E. OAK ST.
ARCADIA FL 34266

Mailing Address

223 E. OAK ST. Suite 1
ARCADIA FL 34266-4445

2. Principal Place of Business

223 E. OAK ST.

Suite, Apt. #, etc.

Suite 1

City & State

Arcadia FL

Zip

34266

Country

DeSoto

3. Mailing Address

223 E. OAK ST

Suite, Apt. #, etc.

Suite 1

City & State

Arcadia FL

Zip

34266

Country

DeSoto



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0619183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, T. DAN
223 E. OAK ST.
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Collins, T. Dan

Street Address (P.O. Box Number is Not Acceptable)

223 E. OAK ST.

Suite 1

City

Arcadia

FL

Zip Code

34266

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COLLINS, T. DAN
CITY-ST-ZIP 3533 S.E. MONTGOMERY
ARCADIA FL 34266

TITLE ☐ Delete
NAME D
STREET ADDRESS COLLINS, SHARON E
CITY-ST-ZIP 3533 S.E. MONTGOMERY
ARCADIA FL 34266

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Dan Collins

3/22/00

863-993-7979

Daytime Phone #