

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077353

1. Entity Name

ALL SHIELDS PLUMBING & AIR CONDITIONING INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90017 048 ***150.00

Principal Place of Business

Mailing Address

4098 GALLAGHER LOOP
CASSELBERRY FL 32707

4098 GALLAGHER LOOP
CASSELBERRY FL 32707-6328

708753

2. Principal Place of Business

3. Mailing Address

4098 Gallagher Loop
Suite, Apt. #, etc.

4098 Gallagher Loop
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Casselberry, FL

Casselberry, FL

4. FEI Number

69-3595917

Applied For

Not Applicable

Zip

Country

32707

USA

Zip

Country

32707

USA

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

SHIELDS, JESSICA
4098 GALLAGHER LOOP
CASSELBERRY FL 32707

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

Jessica Shields - Jessica Shields - Registered Agent 1-25-2000

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 PD
NAME SHIELDS, DAVID
STREET ADDRESS 4098 GALLAGHER LOOP
CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSTD
NAME SHIELDS, JESSICA
STREET ADDRESS 4098 GALLAGHER LOOP
CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jessica Shields - Jessica Shields - Vice Pres 1-25-2000 (401) 699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #