

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078192

1. Entity Name,
SHOEMAKER CONSULTING, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90037 047 ***150.00

Principal Place of Business

Mailing Address

3831 MCFARLANE DR.
TALLAHASSEE FL 32317

P.O. BOX 14978
TALLAHASSEE FL 32317-4978

00020234

2. Principal Place of Business

4539 Argyle Ln.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14978
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-3598972

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32317

Country
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

BREWSTER, JAMES R
547 N. MONROE ST., STE. 203, WALKER BLDG.
TALLAHASSEE FL 32301

Name

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

SAME

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
D
SHOEMAKER, PHILIP L JR.
3831 MCFARLANE DR.
TALLAHASSEE FL 32317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Philip L. Shoemaker, Jr.
4539 Argyle Ln.
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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 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

2/9/2000 850-562-3828
Date Daytime Phone #

CR2E034 (9/99)