

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000082319****1. Entity Name**
MICHAEL SHADE, INC.**Principal Place of Business**

755 SOUTH PALM AVENUE #301

SARASOTA
34236

FL

Mailing Address

755 SOUTH PALM AVENUE #301

SARASOTA
34236

FL

2. Principal Place of Business

1916 BROOKHAVEN DR.

Suite, Apt. #, etc.

3. Mailing Address

1916 BROOKHAVEN DR.

Suite, Apt. #, etc.

City & State

SARASOTA

FL

Zip
34239Country
US**City & State**

SARASOTA

FL

Zip
34239Country
US**4. FEI Number****65-0999378****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHADE MICHAEL J
755 SOUTH PALM AVENUE #301SARASOTA FL
34236**7. Name and Address of New Registered Agent****Name**

SHADE MICHAEL J

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

1916 BROOKHAVEN DR.

City
SARASOTA

FL

Zip Code
34239**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)

09/13/2000

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	D	<input type="checkbox"/> Delete
NAME	SHADE MICHAEL J	
STREET ADDRESS	755 SOUTH PALM AVENUE #301	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHADE MICHAEL J		
STREET ADDRESS	1916 BROOKHAVEN DR.		
CITY-ST-ZIP	SARASOTA FL 34239		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Michael J. Shade**Date:** 09/13/2000