

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092278

1. Entity Name

SHAFFER FURNITURE SERVICE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90018 020 \*\*\*150.00

Principal Place of Business

3910 MAX PLACE, SUITE 105  
BOYNTON BEACH FL 33436

Mailing Address

3910 MAX PLACE, SUITE 105  
BOYNTON BEACH FL 33436-2055

2. Principal Place of Business

1021 FAIRFAX CIRCLE WEST  
Suite, Apt. #, etc.

3. Mailing Address

1021 FAIRFAX CIRCLE WEST  
Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL  
Zip 33436 Country PALM BEACH

City & State

BOYNTON BEACH FL  
Zip 33436 Country PALM BEACH

4. FEI Number

65-0955035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH URSO, P.A.  
2184 POWERLINE ROAD  
SUITE 207  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name TIMOTHY LEE SHAFFER  
Street Address (P.O. Box Number is Not Acceptable)  
1021 FAIRFAX CIRCLE WEST  
City BOYNTON BEACH FL Zip Code 33436

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

*Timothy L. Shaffer* TIMOTHY L. SHAFFER PRESIDENT 2/17/00  
(NOTE: Registered Agent signature required when reinstating)

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	SHAFFER, TIMOTHY L	
STREET ADDRESS	3910 MAX PLACE, SUITE 105	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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STREET ADDRESS	
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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:

*Timothy L. Shaffer* TIMOTHY L. SHAFFER 2/17/00 (561) 414-6345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)