

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90016 015 ***150.00

AG0004330



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000099312

1. Entity Name
SHEA DEVELOPMENT GROUP INC.

Principal Place of Business 2546 PLAYERS CT WELLINGTON FL 33414	Mailing Address 2546 PLAYERS CT WELLINGTON FL 33414
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2. Principal Place of Business 2715 SHELTINGHAM DR. Suite, Apt. #, etc.	3. Mailing Address 2715 SHELTINGHAM DR. Suite, Apt. #, etc.
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City & State WELLINGTON FL	City & State WELLINGTON FL	4. FEI Number 65-0961341	Applied For Not Applicable
Zip 33414	Country USA	Zip 33414	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, THOMPSON 2546 PLAYERS CT WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/P/D THOMPSON SHEA 2715 SHELTINGHAM DR. WELLINGTON FL 33414
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or trustee empowered.

SIGNATURE: THOMPSON SHEA **1-5-01** **561-784-7404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)