

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102571

1. Entity Name

S & P CORPORATION OF BRANDON

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90041 015 ***150.00

Principal Place of Business

Mailing Address

1604 PALM LEAF DR.
BRANDON FL 33510-2037

1604 PALM LEAF DR.
BRANDON FL 33510-2037

2. Principal Place of Business

3. Mailing Address

1575 S. Ft HARRISON AVE

1575 S. Ft HARRISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER

4. FEI Number

59-3608383

Applied For

Not Applicable

Zip

33756

Country

Zip

33756

Country

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

SHI, XIAO J
1604 PALM LEAF DR.
BRANDON FL 33510-2037

change address

Name XIAOJING SHI

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

1575 S. Ft HARRISON AVE

City CLEARWATER

FL

Zip Code 33756

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

Xiao J Shi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	XIAOJING SHI	
STREET ADDRESS	1575 S Ft Harrison Ave clearwater FL 33756	
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		
TITLE		<input type="checkbox"/> Delete
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
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
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:

Xiao J Shi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)