

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S29072**

1. Entity Name
SHARPTON, INC.

VA

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90010 036 ***150.00

001489 AV

Principal Place of Business
**2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO FL 32801**

Mailing Address
**2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO FL 32801**

000000110



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3052477**
Applied For
Not Applicable

Zip 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

**SHARP, JOEL H., JR
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO FL**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	VP	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, SHELLEY H.	
STREET ADDRESS	200 S ORANGE AVE, STE 2300	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, SHELLEY H.	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	WILSON, REBECCA S.	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
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	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Rebecca S.	
STREET ADDRESS	200 S. Orange Ave., STE 2300	
CITY-ST-ZIP	Orlando, FL 32801	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/2001

Date

407-649-4019

Daytime Phone #

CR2E034 (5/01)