

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90016 018 ***150.00

DOCUMENT # S78434

1. Entity Name

SHARON CLINES, INCORPORATED

Principal Place of Business

895 INDIANA AVE.
STE. 107
ENGLEWOOD FL 34223
US

Mailing Address

PO BOX 414
ENGLEWOOD FL 34295-0414
US

2. Principal Place of Business

589 S. McALL Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

Zip

34223

Country

USA

Country

4. FEI Number

65-0281471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IZZO, JOHN P.
180 N INDIANA AVE.
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

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

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.
(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	P	<input type="checkbox"/> Delete
NAME	CLINES, SHARON M.	
STREET ADDRESS	895 INDIAN AV E	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINES, SHARON M.	
STREET ADDRESS	P.O. Box 414	
CITY-ST-ZIP	ENGLEWOOD, FL 34295-0414	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (941) 473-9807

Date

Daytime Phone #

CR2E034 (9/99)