

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S94887

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: HAMIC & SHIVERS, P.A., CPAS

**Current Principal Place of Business:**

4953 SOUTHFORK DR  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

4953 SOUTHFORK DRIVE  
LAKELAND, FL 33813 US

**Current Mailing Address:**

P.O. BOX 2597  
LAKELAND, FL 33806 US

**New Mailing Address:**

FEI Number: 59-3094420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIVERS, JEFFREY S  
4953 SOUTHFORK DRIVE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHIVERS, JEFFREY S.,  
Address: 4953 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete  
Name: SHIVERS, LORI H  
Address: 4953 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S. SHIVERS

DP

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date