

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90084 018 ***150.00

0406376
 AV

DOCUMENT # V03558

1. Entity Name

SHAYMAN MANAGEMENT SERVICES, INC.

80110334



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1931 TAMiami TRAIL
 SUITE 1
 PORT CHARLOTTE FL 33948**

Mailing Address

**1931 TAMiami TRAIL
 SUITE 1
 PORT CHARLOTTE FL 33948**

2. Principal Place of Business

RD

26118 NORTHERN CROSS

3. Mailing Address

26118 NORTHERN CROSS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA

4. FEI Number

65-0306937

Applied For

Not Applicable

Zip

Country

33983 CHARLOTTE

Zip

Country

33983 CHARLOTTE

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

SHAYMAN, GERI

1931 TAMiami TRAIL

SUITE 1

PORT CHARLOTTE FL 33948

*address
 same as
 above*

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 Geri Shayman

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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, 2002 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 **D** ☐ Delete
 NAME **SHAYMAN, GERI**
 STREET ADDRESS **26118 NORTHERN CROSS CT**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ Change ☐ Addition
 NAME **26118 NORTHERN CROSS**
 STREET ADDRESS **ROAD**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Geri Shayman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 941-629-0032

CR2E034 (9/01)