

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90072 002 \*\*\*150.00

**DOCUMENT # V54603**

1. Entity Name

**SHARPENING AT YOUR SERVICE, INC.**

Principal Place of Business

Mailing Address

124TH AVE. N.  
TAMPA FL 33773P.O. BOX 925  
LARGO FL 33779-0925  
US

2. Principal Place of Business

3. Mailing Address

**9225-ULMERTON Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 302**

City &amp; State

City &amp; State

**Largo FL**

Zip

Zip

Country

Country

**33771****US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLOPS, SHIRLEY****9151 54 ST****PINELLAS PARK FL 33782**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLOPS, SHIRLEY</b>	NAME	
STREET ADDRESS	<b>9151 54 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Shirley Gallops Pres. Shirley Gallops 4/20/00 727-559-7477**

CR2E034 (9/99)