FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am F27683 DOCUMENT # **Secretary of State** 1. Entity Name 03-03-2002 90132 042 ***150.00 CONTINENTAL SHALE CORPORATION Principal Place of Business Mailing Address 494 N HARBOR CITY BLVD 494 N HARBOR CITY BLVD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2089459 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITTINGTON, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 494 N. HARBOR CITY BLVD **MELBOURNE FL 32935** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete TITLE WHITTINGTON, RICHARD A NAME NAME 494 N. HARBOR CITY BLVD STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WHITTINGTON, BARBARA C NAME STREET ADDRESS STREET ADDRESS 494 N. HARBOR CITY BLVD CITY-ST-ZIP CITY-ST-7IP **MELBOURNE FL 32935** TITLE Delete TITLE Change ☐ Addition NAME NAME WHITTINGTON; RICHARD II STREET ADDRESS STREET ADDRESS 494 N HARBOR CITY BLVD CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

321-254-4054

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.