

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 035 ***150.00

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1. Entity Name
SHEAD ENTERPRISES, INC.



Principal Place of Business
1351 TWIN RIVERS BLVD.
OVIEDO, FL 32765

Mailing Address
1351 TWIN RIVERS BLVD.
OVIEDO, FL 32765

2. Principal Place of Business

3. Mailing Address
P.O. Box 4064



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
West Columbia S.C.

4. FEI Number
58-2104460

Applied For
Not Applicable

Zip

Country

Zip
29171-4064 Country
USA

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

SHEAD, DEBORAH L
1351 TWIN RIVERS BLVD.
OVIEDO, FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **SHEAD, DAVID C**
STREET ADDRESS **1351 TWIN RIVERS BLVD.**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **SDC** Delete
NAME **SHEAD, DEBORAH L**
STREET ADDRESS **1351 TWIN RIVERS BLVD.**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Shead *Deborah Shead* **4-27-03 803-364 7462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (10/02)