

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90067 048 ***150.00

0437519

DOCUMENT # H76739

1. Entity Name
SHADOWOOD FARMS, INC.

Principal Place of Business Mailing Address
6220 SW MARTIN HWY **6220 SW MARTIN HWY**
PALM CITY FL 34990 **PALM CITY FL 34990**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2642582** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

00038953



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FENTON, SARAH W.
6220 SW MARTIN HWY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. 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 | NAME | TITLE | NAME |
| | DP FENTON, ROBERT A. 6220 SW MARTIN HWY. PALM CITY FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| | ST FENTON, SARAH W. 6220 SW MARTIN HWY. PALM CITY FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 reports 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: **SARAH W. FENTON**

04/10/01 **561-283-4375**
Date Daytime Phone #

CR2E034 (10/00)