

2001 UNIFORM BUSINESS REPORT (UBR)

0028379 AF

DOCUMENT # L00000000309

1. Entity Name
SHACKELFORD, L.C.

Principal Place of Business: PO BOX 91, ELLENTON FL 34222
Mailing Address: PO BOX 91, ELLENTON FL 34222

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

FILED

01 FEB 22 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0975216** Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGUIRE, PRATT, MASIO, FARRANCE & RICE, P.A.
1001 3RD AVE WEST
STE 600
BRADENTON FL 34205

7. Name and Address of New Registered Agent
Name: **Bruce Shackelford**
Street Address (P.O. Box Number is Not Acceptable):
1205 28th Ave East
City: **Palmetto** FL Zip Code: **34221**

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: *Bruce Shackelford* DATE: **2/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE	NAME
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES	
TITLE	NAME
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PARTNER BRUCE SHACKELFORD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PARTNER KAREN JAMES
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PARTNER GARY L. SHACKELFORD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PARTNER LELAND SHACKELFORD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PARTNER BRENT SHACKELFORD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Bruce Shackelford* DATE: **2/19/01** DAYTIME PHONE #: **941-737-2992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)