

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90078 006 \*\*\*\*50.00

**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**

**909345**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**SHACKELFORD, BRUCE  
 1205 28TH AVE. EAST  
 PALMETTO FL 34221**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PART SHACKELFORD, BRUCE	PO BOX 91	ELLENTON FL 34222	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
PART JAMES, KAREN	25426 RANCAQUA DR.	PUNTA GORDA FL 33983	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
PART SHACKELFORD, GARY L	7310 15TH AVE. N.W.	BRADENTON FL 34209	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
PART SHAKELFORD, LELAND	3212 COUNTRY RIVER DR.	PARRISH FL 34219	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
PART SHACKELFORD, BRENT	PO BOX 91	ELLENTON FL 34222	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/02 941-722-0596

Date Daytime Phone #

CR2E083 (9/01)