

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90078 035 \*\*\*\*61.25

**DOCUMENT # N94000004551**

1. Entity Name

**SHADOWOOD II, INC.**

**913016**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
464 SW FOURTH AVE FT LAUDERDALE FL 33315	307 SW 5TH STREET FT LAUDERDALE FL 33315-1048 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
<b>65-0519468</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLBERT, RICHARD 307 SW 5TH STREET FT LAUDERDALE FL 33315		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT PFEIFFER, DAVID 3262 NW 22 AVE FT LAUDERDALE FL 33309					<input type="checkbox"/>		
D TONER, EARL 3071 NO COURSE DRIVE #110 POMPAHO BCH FL 33069					<input type="checkbox"/>		
D WALKER, YVETTE 3731 SW 1 ST #2 FT LAUDERDALE FL 33312					<input type="checkbox"/>		
D DR GARY MOREY 1356 SE 12TH WAY FT LAUDERDALE FL					<input type="checkbox"/>		
DS PIERSALL, BARBARA 4300 SW 4 ST PLANTATION FL 33317					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

D  
FORREST EDWARDS  
1152 NW 30 CT #110  
WILTON MANOR, FL 33311  
 Change  Addition

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 617, 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: *David Pfeiffer* **DAVID PFEIFFER** OWNER PRESIDENT 1/26/00 (954) 377-7946  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)