

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0056167 AV

DOCUMENT # P02000070262



1. Entity Name
SHYANNE, INC.

FILED

03 FEB -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2 NORTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
2 NORTH PALAFOX STREET
PENSACOLA FL 32501

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

CHECK HERE IF MAKING CHANGES

4. FEI Number
06-1642880

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA FL 32501

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input type="checkbox"/> Delete Scott J. Bell 2 N. Palafox St. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Director <input type="checkbox"/> Delete W. Edward Trehern 2 N. Palafox St. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Director <input type="checkbox"/> Delete Dana R. Foster 2 N. Palafox St. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Director <input type="checkbox"/> Delete John J. Tolan, Jr. 2 N. Palafox St. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100011789111 02/04/03--01078--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 850-432-0650
Date Daytime Phone #

CR2E034 (10/02)