

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90169 039 ***150.00

DOCUMENT # **P02000083533**

1. Entity Name
SHELEG & ASSOCIATES, INC.



Principal Place of Business
**11426 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

Mailing Address
**11426 S.TROPICAL TRAIL
MERRITT ISLAND FL 32952**



2. Principal Place of Business

3. Mailing Address

11426 S. Tropical Tr
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Merritt Island FL

4. FEI Number

Applied For

SSA 192-38-7737

Not Applicable

Zip

Country

Zip

Country

32952

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELEG, MAUREEN A
11426 S TROPICAL TRAIL
MERRITT ISLAND FL 32952**

Name

MAUREEN SHELEG

Street Address (P.O. Box Number is Not Acceptable)

11426 S. TROPICAL Tr

City

Merritt Island

FL

Zip Code

32952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	SHELEG, MAUREEN A	11426 S TROPICAL TRAIL	MERRITT ISLAND FL 32952	

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: *Maureen A. Sheleg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)