

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90248 026 ***150.00

DOCUMENT # P33609

1. Entity Name
SHANER OPERATING CORPORATION



Principal Place of Business
**1965 WADDLE ROAD
STATE COLLEGE PA 16803-2215
US**

Mailing Address
**1965 WADDLE ROAD
STATE COLLEGE PA 16803-2215
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1379569**

Applied For

Not Applicable

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

**HILL, ROBERT
1617 N. FIRST ST
JACKSONVILLE BEACH FL 32250**

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

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
CVD	SHANER, LANCE T.	303 N SCIENCE PARK ROAD	STATE COLLEGE PA	<input type="checkbox"/>
PD	SHANER, FRED J.	303 N SCIENCE PARK ROAD	STATE COLLEGE PA	<input type="checkbox"/>
S	HULBURT, PETER K	303 N SCIENCE PARK RD	STATE COLLEGE PA 16803	<input type="checkbox"/>
T	GRIFFIN, JOHN B	303 N SCIENCE PARK RD	STATE COLLEGE PA 16803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1965 Waddle Road	State College, PA 16803	<input checked="" type="checkbox"/>
		1965 Waddle Road	State College, PA 16803	<input checked="" type="checkbox"/>
		1965 Waddle Road	State College, PA 16803	<input checked="" type="checkbox"/>
		1965 Waddle Road	State College, PA 16803	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (10/02)

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: *Fred J. Shaner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

814-234-4460
Daytime Phone #