

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90011 041 ***150.00

0308098

DOCUMENT # P96000036839

1. Entity Name
SHELEW, INC.

Principal Place of Business
~~8406 THERESA RD
 BOYNTON BEACH FL 33437~~

Mailing Address
~~8406 THERESA RD
 BOYNTON BEACH FL 33437~~

2. Principal Place of Business
6660 E. Calumet Cir
 Suite, Apt. #, etc.

3. Mailing Address
6660 E. Calumet Cir
 Suite, Apt. #, etc.
Lake Worth



DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
FL 33471

4. FEI Number **65-0662701**

Applied For
 Not Applicable

Zip **33467**

Country

Zip **33467**

Country **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

~~SHELHAMER, DONALD R
 8406 THERESA RD
 BOYNTON BEACH FL 33437~~

Name **Lewis, Alan**

Street Address (P.O. Box Number is Not Acceptable)
6660 E. Calumet Cir

City **Lake Worth** **FL** Zip Code **33467**

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **LEWIS, ALAN**
 STREET ADDRESS **8406 THERESA ROAD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS **6660 E. Calumet Circle**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** Delete
 NAME ~~**SHELHAMER, DONALD R**~~
 STREET ADDRESS ~~**8406 THERESA ROAD**~~
 CITY-ST-ZIP ~~**BOYNTON BEACH FL 33437**~~

TITLE Change Addition
 NAME **Roberts, Michael**
 STREET ADDRESS **371 Mohawk Ln**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **D** Delete
 NAME **SHELHAMER, JAMES**
 STREET ADDRESS **6075 188TH TRAIL N.**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RESO, STEPHEN J I**
 STREET ADDRESS **7601 HOLLINGTON PL**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date Daytime Phone #

CR2E034 (10/00)