

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


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90293 021 ***150.00

0428154 AV

DOCUMENT # P96000036839

1. Entity Name
SHELEW, INC.



Principal Place of Business
**6660 E CELUMET CIR
LAKE WORTH FL 33467**

Mailing Address
**6660 E CELUMET CIR
LAKE WORTH FL 33467**

11015400



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AHO, JOHN D
640 E OCEAN AVENUE
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name
John D. Aho

Street Address (P.O. Box Number is Not Acceptable)
*1590 Sulphur Stream Blvd,
Ste. 1030*

City
Delray Beach **FL** Zip Code
33435

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 *John P. Aho* (NOTE: Registered Agent signature required when reinstating) DATE *4/10/03*

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	D <input type="checkbox"/> Delete
NAME	LEWIS, ALAN
STREET ADDRESS	6660 E CELUMET CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STRAUB, WILLIAM
STREET ADDRESS	9075 DUNDEE ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	SHELHAMER, JAMES
STREET ADDRESS	6075 188TH TRAIL N
CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *John P. Aho* **SIGNATURE REQUIRED** DATE *4/24/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)