2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000103474 Jul 31, 2000 8:00 am 1. Entity Name **Secrétary of State** SHADAVRUS CAPITAL TRUST, INC. 07-31-2000 90013 013 ***558.75 Principal Place of Business Mailing Address 3343 HYDE PARK DRIVE 3343 HYDE PARK DRIVE CLEARWATER FL 33761 **CLEARWATER FL 33761** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3486078 Not Applicable Country Zip _Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCOCCI, CARL 3343 HYDE PARK DRIVE **CLEARWATER FL 33761** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F Change ☐ Addition Delete TITLE MARCOCCI, CARL NAME NAME STREET ADDRESS 3343 HYDE PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-78P **CLEARWATER FL 33761** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: