

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

4/

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90870 048 ***150.00

DOCUMENT # S90052 ✓
1. Entity Name
SHAKY JAKE'S CENTER COURT, INC.

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
3574 BAREBACK TRL
Suite, Apt. #, etc.

3. Mailing Address
3574 BAREBACK TRL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH FL

City & State
ORMOND BEACH FL

4. FEI Number
59-3090285

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 32174 Country

Zip 32174 Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANGELO J. DIGUPLIO

Street Address (P.O. Box Number is Not Acceptable)
3574 BAREBACK TRAIL

City ORMOND BEACH FL Zip Code 32174

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	<u>P</u>	TITLE	
NAME	<u>DIGUPLIO, ANGELO J</u>	NAME	
STREET ADDRESS	<u>3574 BAREBACK TRAIL</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ORMOND BEACH, FL 32174</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: J.A. Roth J.A. ROTH 3-15-02 386-677-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)