

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000092305**1. Entity Name  
**SHAFF ENTERPRISES CO.****Principal Place of Business**

2677 OLD BAINBRIDGE RD., STE 1334

TALLAHASSEE FL  
32303**Mailing Address**

2677 OLD BAINBRIDGE RD., STE 1334

TALLAHASSEE FL  
32303**2. Principal Place of Business**

2677 OLD BAINBRIDGE RD.

**3. Mailing Address**

2677 OLD BAINBRIDGE RD.

Suite, Apt. #, etc.  
SUITE 1334Suite, Apt. #, etc.  
SUITE 1334City & State  
TALLAHASSEE FLCity & State  
TALLAHASSEE FLZip Country  
32303Zip Country  
32303**4. FEI Number**☒ Applied For  
☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SHAFF JOHN**  
2677 OLD BAINBRIDGE RD., STE 1334  
  
TALLAHASSEE FL  
32303**7. Name and Address of New Registered Agent****Name****SHAFF JOHN**Street Address (P.O. Box Number is Not Acceptable)  
2677 OLD BAINBRIDGE RD

SUITE 1334

City  
TALLAHASSEE**FL**Zip Code  
32303**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.

(NOTE: Registered Agent signature required when reinstating)

**01/23/2001**

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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>SHAFF JOHN</b> 2677 OLD BAINBRIDGE RD. SUITE 1334 TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: John Shaff**

CEO

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)