2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90246 003 ***150.00

DOCUMENT # P98000086807

1. Entity Name
SHANTERI MARKETING, INC.

Principal Place of Business	Mailing Address
2126 EAST EDGE WOOD DRIVE SUITE12 LAKELAND FL 33803 US	2126 EAST EDGE WOOD DRIVE SUITE12 LAKELAND FL 33803 US

C00009397

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1952 W. Martin Luther King Suite, Apt. #, etc.	1952 W. Martin Luther King Blvd. Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: ~~338~~ 33607 / Country: U.SA.	Zip: 33607 / Country: U.S.A

4. FEI Number 59-3536110 — Applied For / Not Applicable

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
KERNS, SHANNON D 2717 SEVILLE BLVD, # 11205 CLEARWATER FL 33764	Name: KERNS, SHANNON D Street Address (P.O. Box Number is Not Acceptable): 1318 Rivage Circle City: Brandon FL Zip Code: 33511

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: SHANNON KERNS Pres — 1/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME: KERNS, SHANNON D STREET ADDRESS: 2717 SEVILLE BLVD, # 11205 CITY-ST-ZIP: CLEARWATER FL 33764	☐ Delete	TITLE: Pres NAME: Kerns, Shannon. D. STREET ADDRESS: 1318 Rivage Circle CITY-ST-ZIP: Brandon FL 33511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SHANNON KERNS — 1/11/01 — (813) 679 0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)