

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90200 026 \*\*\*\*70.00

**DOCUMENT # N94000004551**

1. Entity Name

**SHADOWOOD II, INC.**

Principal Place of Business

**464 SW FOURTH AVE  
 FT LAUDERDALE FL 33315**

Mailing Address

**307 SW 5TH STREET  
 FT LAUDERDALE FL 33315  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0519468**

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

**COLBERT, RICHARD  
 307 SW 5TH STREET  
 FT LAUDERDALE FL 33315**

Name

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

City

**FL**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **EDWARDS, FORREST**  
 STREET ADDRESS **1152 NW 30 CT #110**  
 CITY-ST-ZIP **WILTON MANOR FL 33311**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D  
 TONER, ED**  
 STREET ADDRESS **3071 NO COURSE DRIVE #110**  
 CITY-ST-ZIP **POMPANO BCH FL 33069**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D  
 WALKER, YVETTE**  
 STREET ADDRESS **3731 SW 1 ST #2**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D  
 DR GARY MOREY**  
 STREET ADDRESS **1356 SE 12TH WAY**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DS  
 PIERSALL, BARBARA**  
 STREET ADDRESS **4300 SW 4 ST**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DPT  
 DAVID PFEIFFER**  
 STREET ADDRESS **3262 NW 22 AVE**  
 CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ 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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-23-01 954-344-2946**

CR2E037 (10/00)