

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90220 001 \*\*\*300.00

UNIFORM BUSINESS REPORT

**DOCUMENT # P97000106686**

1. Entity Name  
**SHADDIX HOLDING COMPANY**



Principal Place of Business  
1275 BEVILLE ROAD #1200  
DAYTONA BEACH FL 32119

Mailing Address  
1275 BEVILLE ROAD #1200  
DAYTONA BEACH FL 32119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3484168**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHADDIX, STEVEN L  
1275 BEVILLE RD  
DAYTONA BEACH FL 32119**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D SHADDIX, WILLIAM O II**  
STREET ADDRESS **1 DEER MOSS TRAIL**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D GORDON, SHARON S**  
STREET ADDRESS **7611 TIMBERLY COURT**  
CITY-ST-ZIP **MCLEAN VA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **STD FOX, SHARLENE S**  
STREET ADDRESS **686 FERCLIFF DR**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SHADDIX, MADELINE E**  
STREET ADDRESS **6 HOMAN TERRACE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD SHADDIX, STANLEY W**  
STREET ADDRESS **2130 OLD DAYTONA ROAD**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD SHADDIX, STEVEN L**  
STREET ADDRESS **2410 SE 29TH STREET**  
CITY-ST-ZIP **OCALA FL**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other line empowered.

SIGNATURE *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

386-322-5209

Daytime Phone #

CFR2E034 (10/02)