

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90235 020 ***150.00

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1. Entity Name
SHADY & SHANNAN, INC.

Principal Place of Business
**5138 GOLDEN ROD PLACE RD
WINTER PARK FL 32792**

Mailing Address
**5138 GOLDEN ROD PLACE RD
WINTER PARK FL 32792**



2. Principal Place of Business
2126 34th NW
Suite, Apt. #, etc.

3. Mailing Address
100 Eagle Point Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Haven, FL
Zip
33881-1900 Country
POLK

City & State
Auburndale, FL
Zip
33823-7412 Country
POLK

4. FEI Number **59-3729075**

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

IBRAHIM, HOUDA N
5138 GOLDEN ROD PLACE RD
WINTER PARK FL 32792

100 Eagle Point Blvd
Auburndale, FL 33823

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	IBRAHIM, HOUDA N	5138 GOLDEN ROD PLACE RD	WINTER PARK FL 32792	
		100 Eagle Point Blvd	Auburndale, FL 33823	

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

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 all other like empowered.

SIGNATURE: H. SHANNAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-3 **863.9676046**
Date Daytime Phone #

CR2E034 (10/02)