2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered.

Mar 06, 2002 8:00 am § Secretary of State 571503 DOCUMENT # 1. Entity Name SHIVER AIR OF BRANDON, INC. 03-06-2002 90065 006 ***150.00 Principal Place of Business Mailing Address 11710 HWY 92 EAST P O BOX 402 SEFFNER FL 33584 BRANDON FL 33509-0402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1823000 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHIVER, YOLANDA C. Street Address (P.O. Box Number is Not Acceptable) 11710 HWY 92 EAST SEFFNER FL 33584 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so: After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition TITLE ☐ Change TITLE ☐ Delete SHIVER, BOBBY W NAME NAME STREET ADDRESS 1905:CAPRI RD STREET ADDRESS VALRIĈO FL 33594 CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ Change Delete TITLE TITLE SHIVER, YOLANDA NAME STREET ADDRESS 1905 CAPRI RD STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED

Daytime Phone #