

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90451 043 ****61.25

DOCUMENT # 726498

1. Entity Name

SHEOAH HIGHLANDS THREE, INC.

Principal Place of Business

413-1 SHEOAH BLVD
 D
 WINTER SPRINGS FL 32708
 US

Mailing Address

PO BOX 182146
 CASSELBERRY FL 32718
 US

2. Principal Place of Business

620 Nighthawk Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 195771

Suite, Apt. #, etc.

City & State

Winter Springs, FL.

City & State

Winter Springs, FL.

4. FEI Number

59-1470061

Applied For

Not Applicable

Zip

32708

Country

U.S.A.

Zip

32719-5771

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

% PAINE-ANDERSON PROPERTIES INC
620 NIGHTHAWK CIR
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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

Karen Paine Nelson, Karen Paine Nelson

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SINSAR, JUNE	413-Z SHEDAH BLVD	WINTER SPRINGS FL	<input type="checkbox"/>
D	LEE, RICHARD	415-9 SHEOAH BLVD.	WINTER SPRINGS FL	<input checked="" type="checkbox"/>
P	PETRENSIK, MARGUERITE	BOX 991	GENEVA FL	<input checked="" type="checkbox"/>
D	NORTON, DAVID	302 ROBBIN HILL DR	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>
D	BEASLEY, TERRI	413-4 SHEOAH BLVD	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	Ross, Jerry	620 Daron Ct	Winter Springs, FL. 32708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DST	Tunney, Phyllis	413-1 Sheoah Blvd	Winter Springs, FL. 32708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(407) 327-1317

Daytime Phone #

CR2E037 (10/00)