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

## DOCUMENT #

Principal Place of Business

F01000003529

Mailing Address

P.O. BOX 2463

1. Entity Name

910 LOUISIANA

SHELL COMMUNITY FINANCING COMPANY



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90155 038 \*\*\*150.00

HOUSTON TX	77002		HOUST	HOUSTON TX 77252-2463								
2. Principal Place of Business			3. Mailir	3. Mailing Address				A REALION STATEMENT TO BE A SECTION OF THE	1011) BUHN BU	130 MIN 31110	13040 1011 1001	
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City 8	City & State			<b>4.</b> Fl	El Number <b>76-0561633</b>		<del></del>	pplied For ot Applicable	
Zip	Country				Country	ntry		Pertificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent					7.			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Street A	Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET						on the control of the control of the control of						
TALLAHASSEE FL 32301-2525												
					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, the obligations of registered agent.									a. I am fa	miliar with,	and accept	
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								Election Campaign Final Trust Fund Contribution.	ncing		00 May Be	
Make Check Payable to Florida Department of State												
10.	DOD.	OFFICERS	AND DIRECTOR		11.	l nn	ADC	DITIONS/CHANGES TO OFFIC				
TITLE	PCD LEFTWICH	D W		🗶 Delete	TITLE NAME	PD	ш	ULLINGER		X Change	Addition	
NAME STREET ADDRESS	910 LOUIS				STREET ADDRESS	1		ISIANA				
CITY-ST-ZIP	HOUSTON				CITY-ST-ZIP	1		, TX 77002				
TITLE	٧			X Delete	TITLE	V V		, ( <i>X</i> 7700L		X Change	Addition	
NAME	DEERE, R.	V			NAME	C. K	. P(	OTTER			•-	
	910 LOUIS				STREET ADDRESS	1		ISIANA				
CITY-ST-ZIP	HOUSTON	TX 77002			CITY-ST-ZIP	HOUS	<u>TON</u>	<u>, TX 77002</u>				
TITLE	V			☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	PANCOTTI 910 LOUIS				NAME STREET ADDRESS							
CITY-ST-ZIP	HOUSTON				CITY-ST-ZIP							
TITLE	T	1777702		X Delete	TITLE	╁				X Change	☐ Addition	
	POTTER, C	K		and bottle	NAME	S. F	RANI	KLIN				
	910 LOUIS				STREET ADDRESS			ISIANA				
CITY-ST-ZIP	HOUSTON	TX 77002			CITY-ST-ZIP	HOUS	TON	TX 77002				
TITLE	S			X Delete	TITLE	S				X Change	Addition	
	PHILLIPS, I				NAME			OSEPH				
STREET ADDRESS CITY-ST-ZIP	910 LOUIS HOUSTON		•		STREET ADDRESS CITY-ST-ZIP			ISIANA , TX 77002			ĺ	
TITLE	D			☐ Delete	TITLE	11003	IUN	<u>, IA //UUL</u>		Change	Addition	
NAME	LAMBOLEY	'. C A		m neigle	NAME					change		
	910 LOUIS			•	STREET ADDRESS						ļ	
CITY-ST-ZIP	HOUSTON	TX 77002			CITY-ST-ZIP							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

GIGMATURE REQUIRES. J. PAUL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

713/241-4461

Daytime Phone #

CR2E034 (10/0