2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 2063

Mailing Address

City & State

Zip

Suite, Apt. #, etc.

OCALA FL 34478-2063

DOCUMENT # G91917

1. Entity Name

OCALA FL 34475

US

Principal Place of Business

1824 NORTH MAGNOLIA AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

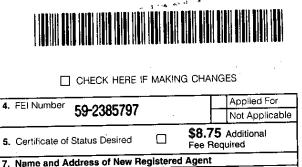
SHASHY ENTERPRISES, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90247 046 ***150.00

0002---



DATE

SHASHY JR., SAM M. 1824 NORTH MAGNOLIA AVENUE OCALA FL 34475

Country

6. Name and Address of Current Registered Agent

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

- Name			~	
· Street Address (P.O. Box Number is Not A	cceptable) .			
				<u>.</u> .
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.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. CR2E034 (10/02) TITLE ☐ Delete TITLE NAMÉ SHASHY, SAM M. NAME STREET ADDRESS 1824 NORTH MAGNOLIA AVENUE STREET ADDRESS CITY-ST-ZIP **OCALA FL 34475** CITY-ST-ZIP ☐ Addition [7] Change TITLE ☐ Delete ۷P TITLE SHASHY, MARION NAME STREET ADDRESS 1824 NORTH MAGNOLIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34475 -- Change ☐ Addition TITLE - 🗀 Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.03

352 732 3904

Daytime Phone #