

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90013 008 \*\*\*150.00

**DOCUMENT # H69223**

1. Entity Name  
**SHAWNEE INDUSTRIAL PARK, INC.**



Principal Place of Business  
**3650 SHAWNEE AVENUE  
W. PALM BEACH FL 33409  
US**

Mailing Address  
**C/O JACK H. DIETZ  
1660 SOUTHERN BLVD-SUITE M  
WEST PALM BEACH FL 33406**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2625711**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**DIETZ, JACK H.  
1660 SOUTHERN BLVD SUITE M  
WEST PALM BEACH FL 33406**

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

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**

**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  
**DPT  
LOVERDE, JOSEPH  
C/O JACK DIETZ 1660 SOUTHERN BLVD STE M  
WEST PALM BEACH FL 33406**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**9078 BAY HARBOUR CIRCLE  
WEST PALM BEACH, FL 33411**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPSD  
ZEISEL, GLORIA  
18 HILLTOP PLACE  
MONSEY NY**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ZEISEL, HENRY  
18 HILL TOP PLACE  
MONSEY NY**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

**JOSEPH LOVERDE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**1/4/03**

Date

**561-195-2800**  
Daytime Phone #

CR2E034 (10/02)