

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90141 026 \*\*\*150.00

00001070



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J13954**

**1. Entity Name**  
**SHILO ENTERPRISES, INC.**

**Principal Place of Business**      **Mailing Address**  
**7300 FRONTAGE ROAD**      **7300 FRONTAGE ROAD**  
**MONROE LA 71202**      **MONROE LA 71202**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **59-2949493**      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MURATIDES, JOHN**  
**SUITE 3300**  
**1 TAMPA CITY CENTER**  
**TAMPA FL 33601**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**        
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE NAME</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>PIERSON, ROBERT D.</b>	
<b>CITY-ST-ZIP</b>	<b>605 SOUTH LOUISA ST</b>	
	<b>RAYVILLE LA 71269</b>	
<b>TITLE NAME</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>TAYLOR, ANNE M</b>	
<b>CITY-ST-ZIP</b>	<b>605 SOUTH LOUISA ST</b>	
	<b>RAYVILLE LA 71269</b>	
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Anne M Taylor*      **1-4-01**      **318-343-8670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Anne M Taylor - Sec/Treas.**

CR2E034 (10/00)