

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-10-2001 90141 026 ***150.00

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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 **7. Name and Address of New Registered Agent**

MURATIDES, JOHN Name
SUITE 3300 Street Address (P.O. Box Number is Not Acceptable)
1 TAMPA CITY CENTER City **FL** Zip Code
TAMPA FL 33601

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P PIERSON, ROBERT D.	TITLE NAME	
STREET ADDRESS	605 SOUTH LOUISA ST	STREET ADDRESS	
CITY-ST-ZIP	RAYVILLE LA 71269	CITY-ST-ZIP	
TITLE NAME	ST TAYLOR, ANNE M	TITLE NAME	
STREET ADDRESS	605 SOUTH LOUISA ST	STREET ADDRESS	
CITY-ST-ZIP	RAYVILLE LA 71269	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)