

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 036 ***150.00

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

DOCUMENT # L14876					
1. Entity Name SHAYNE, INC.					
Principal Place of Business 8211 W. BROWARD BLVD. PH-3 PLANTATION, FL 33324 US		Mailing Address 8211 W. BROWARD BLVD. PH-3 PLANTATION, FL 33324 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 65-0142458	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, WILLIAM P 8211 W. BROWARD BLVD. PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D THOMAS, WILLIAM P. ☐ Delete				
NAME	8211 WEST BROWARD BLVD				
STREET ADDRESS	PLANTATION, FL 33324				
CITY-STATE-ZIP					
TITLE	D COHODES, JAY ☐ Delete				
NAME	5552 NW 80 TERRACE				
STREET ADDRESS	SUNRISE, FL 33351				
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 file empowered.					
SIGNATURE: <u>W.P. Thomas</u> / WILLIAM P. THOMAS 4-29-03, PRES					

90123364



☐ CHECK HERE IF MAKING CHANGES

CRE034 (10/02)