

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001208

1. Entity Name

SHADDAI TEMPLE HOLDING CORPORATION

Principal Place of Business

1101 W. 19TH ST.
PANAMA CITY FL 32405

Mailing Address

P.O. BOX 16115
PANAMA CITY FL 32406

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 59-2477193

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

SYFRETT, RAYMOND
311 MAGNOLIA AVE.
PANAMA CITY FL 32401

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 Raymond Syfrett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MITCHELL, DAVE ☒ Delete
STREET ADDRESS 1101 W. 19TH ST.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE PD
NAME Benjamin D. Christmas ☐ Change ☒ Addition
STREET ADDRESS 101 HARBOUR POINTE DRIVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE
NAME BAAS, H. RON ☐ Delete
STREET ADDRESS 1101 W. 19TH ST.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MILLER, RONALD R ☐ Delete
STREET ADDRESS 1101 W. 19TH ST.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D.
NAME RALPH SIMMONS ☐ Change ☒ Addition
STREET ADDRESS 3513 DOROTHY AVENUE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 617, 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: Ronald R Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

850-769-8303

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE