## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 26, 2001 08:00 AM N0000001909 DOCUMENT # 1. Entity Name **Secretary of State** THE SHADOW RUN DAM CORPORATION, INC. Principal Place of Business Mailing Address PO BOX 980 PO BOX 980 RIVERVIEW FL RIVERVIEW 33568 33568 2. Principal Place of Business 3. Mailing Address PO BOX 894 PO BOX 894 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3688447 RIVERVIEW RIVERVIEW Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 33568 33569 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDERMOTT MICHAEL Street Address (P.O. Box Number is Not Acceptable) 791 WEST LUMSDEN ROAD BRANDON FL33511 US City 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. 04/26/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME WEEKS DON STREET ADDRESS STREET ADDRESS 12622 LAKE HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FT. 33569 ☐ Delete TITLE TITLE ☐ Change X Addition NAME NAME SULICK PAIII. STREET ADDRESS STREET ADDRESS 11418 DONNEYMOOR DRIVE CITY-ST-ZIF CITY-ST-ZIP RIVERVIEW FL. 33569 TITLE Delete TITLE D Change X Addition NAME NAME LIM KC STREET ADDRESS STREET ADDRESS 12505 SHADOW RUN BOULEVARD CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL. 33569 TITLE STD Delete TITLE TD X Change Addition NAME WEEKS DON NAME OTTE JAMES STREET ADDRESS 12622 LAKE HILLS DR. STREET ADDRESS 11402 DONNEYMOOR DRIVE CITY-ST-ZIP RIVERVIEW FL. 33569 CITY-ST-ZIP RIVERVIEW FL. 33569 TITLE PD Delete TITLE Change ☐ Addition NAME DEVELDER DAVID NAME STREET ADDRESS 11312 DONNEYMOOR DRIVE STREET ADDRESS CITY-ST-ZIP RIVERVIEW CITY-ST-ZIP $\mathbf{FL}$ 33569 TITLE □ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_\_JAMES R OTTE

STREET ADDRESS

CITY-ST-ZIP

TD

04/26/2001

CR2E037 (11/00)