

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001909

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: THE SHADOW RUN DAM CORPORATION, INC.

Current Principal Place of Business:

PO BOX 894
RIVERVIEW, FL 33568

New Principal Place of Business:

Current Mailing Address:

PO BOX 894
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 59-3688447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J
791 WEST LUMSDEN ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVELDER, DAVID
Address: 11312 DONEYMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: OTTE, JAMES R
Address: 11402 DONEYMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: LIM, KC
Address: 12505 SHADOW RUN BOULEVARD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WEEKS, DON
Address: 12622 LAKE HILLS DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: SULICK, PAUL
Address: 11418 DONEYMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BATES, RICHARD
Address: 11408 DONEYMOOR DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCKINLEY, MEL
Address: 13015 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R OTTE

DT

04/29/2002

Electronic Signature of Signing Officer or Director

Date