

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007177**

1. Entity Name

S.H.I.N.E. C.D.C. INC.

Principal Place of Business

**4305 62ND CT
VERO BEACH FL 32967**

Mailing Address

**P.O. BOX 6639
VERO BEACH FL 32961-6639**

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

59-3689351

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KERR-WARD, ZENORA
5725 CORPORATE WAY, STE 206
W PALM BEACH FL 33407**

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.

SIGNATURE _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRUSE, TERRY	
STREET ADDRESS	4305 62ND CT	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KRUSE, DONNA	
STREET ADDRESS	4305 62ND CT	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	STD	<input type="checkbox"/> Delete
NAME	SPENCER, SUE	
STREET ADDRESS	108 FIG CT	
CITY-ST-ZIP	MICCO FL 32976	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 (561) 978-0424**FILED**
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90017 050 ****61.25

C0023551

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)