

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N32664**

1. Entity Name

SHARES INC.

Principal Place of Business

Mailing Address

**412 STEPHENS RD.
RUSKIN FL 33570****412 STEPHENS RD.
RUSKIN FL 33570**

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

59-2964921

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

**MEANA, RICARDO
2612 RIVERBEND DR.
RUSKIN FL 33570**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MEANA, RICARDO	
STREET ADDRESS	2612 RIVERBEND DRIVE	
CITY-ST-ZIP	RUSKIN FL	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	306 FAIRCROSS CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL	

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	PERRIN, ROBERT	
STREET ADDRESS	412 STEPHENS RD.	
CITY-ST-ZIP	RUSKIN FL	

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, EDWARD	
STREET ADDRESS	2409 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	FILLMORE, PRESTON	
STREET ADDRESS	1113 RIVERVIEW DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARR, EDWARD D	
STREET ADDRESS	50 14TH AVE SE	
CITY-ST-ZIP	RUSKIN FL 33570	

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:

ROBERT PERRIN**FEBRUARY 9, 2001 (813) 645-0533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)