

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0078028

DOCUMENT # N32664

1. Entity Name

SHARES INC.

04-02-2002 90874 004 ****61.25

Principal Place of Business

**412 STEPHENS RD.
 RUSKIN FL 33570**

Mailing Address

**412 STEPHENS RD.
 RUSKIN FL 33570**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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	D	<input type="checkbox"/> Delete
NAME	MEANA, RICARDO	
STREET ADDRESS	2612 RIVERBEND DRIVE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	306 FAIRCROSS CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERRIN, ROBERT	
STREET ADDRESS	412 STEPHENS RD.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, EDWARD	
STREET ADDRESS	2409 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FILLMORE, PRESTON	
STREET ADDRESS	1113 RIVERVIEW DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CARR, EDWARD D	
STREET ADDRESS	50 14TH AVE SE	
CITY-ST-ZIP	RUSKIN FL 33570	

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		
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		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN D. MERRILL, N4LD	
STREET ADDRESS	2032 PRESTANCIA LANE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573-6920 USA	
TITLE		<input checked="" 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 B. PERRIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 (813) 645-0533
 Date Daytime Phone #

CR2E037 (9/01)