

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90082 035 *****61.25

DOCUMENT # N94000004551

1. Entity Name
SHADOWOOD II, INC.



Principal Place of Business

**464 SW FOURTH AVE
FT LAUDERDALE FL 33315**

Mailing Address

**307 SW 5TH STREET
FT LAUDERDALE FL 33315
US**

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 **65-0519468**

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

**COLBERT, RICHARD
307 SW 5TH STREET
FT LAUDERDALE FL 33315**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Colbert Ex. Dir.
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WALKER, YVETTE**
STREET ADDRESS **540 NW 4 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ Change ☒ Addition
NAME **LLOYD COUSINS**
STREET ADDRESS **889 RIVERSIDE DR #106**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **DS** ☒ Delete
NAME **PIERSALL, BARBARA**
STREET ADDRESS **4300 SW 4 ST**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition
NAME **WARREN LAWLER**
STREET ADDRESS **6311 NE 18th AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE **DPT** ☒ Delete
NAME **PFEIFFER, DAVID**
STREET ADDRESS **900 NE 26 ST. #7**
CITY-ST-ZIP **WILTON MANOR FL 33305**

TITLE **D** ☐ Change ☒ Addition
NAME **LYNN THORNTON**
STREET ADDRESS **118 S.W. 20 AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **D** ☒ Delete
NAME **MAXWELL, VERNON**
STREET ADDRESS **1935 SW 5 PL.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **DPT** ☒ Change ☐ Addition
NAME **BARBARA PIERSALL**
STREET ADDRESS **4300 SW 4 ST**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ Delete
NAME **FOUNTAIN, KENNETH**
STREET ADDRESS **3312 SE 2ND ST.**
CITY-ST-ZIP **POMPANO BEACH FL 33312**

TITLE **DS** ☒ Change ☐ Addition
NAME **Kenneth FOUNTAINE**
STREET ADDRESS **3410 ALADDIN WAY**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara Piersall

1/28/03 954-462-3719

CR2E037 (10/02)