

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000002012****1. Entity Name**  
**THE SHANGRI-LA HOUSE OF DAYTONA, INC.****FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90893 018 \*\*\*150.00

**Principal Place of Business****801 HAMLIN DR.**  
**S. DAYTONA FL 32119****Mailing Address****801 HAMLIN DR.**  
**S. DAYTONA FL 32119****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **59-3634261**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****FARMER, LISA KAY**  
**801 HAMLIN DR.**  
**S. DAYTONA FL 32119****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

**9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS**

| TITLE | NAME                                | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------------------|----------------|-------------|---------------------------------|
|       | <b>P</b>                            |                |             |                                 |
|       | <b>FARMER, LISA KAY</b>             |                |             |                                 |
|       | <b>801 HAMLIN DRIVE</b>             |                |             |                                 |
|       | <b>SOUTH DAYTONA BEACH FL 32119</b> |                |             |                                 |
|       |                                     |                |             | <input type="checkbox"/> Delete |
|       |                                     |                |             | <input type="checkbox"/> Delete |
|       |                                     |                |             | <input type="checkbox"/> Delete |
|       |                                     |                |             | <input type="checkbox"/> Delete |
|       |                                     |                |             | <input type="checkbox"/> Delete |
|       |                                     |                |             | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:***Lisa K. Farmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa K. Farmer, President

4-25-02

Date

290-3151

Daytime Phone #

CR2E034 (9/01)