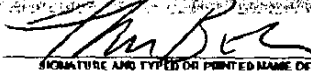


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 040 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000014856					
1. Entity Name SHRI, INC.					
Principal Place of Business 23 S. COURT AVENUE ORLANDO, FL 32801			Mailing Address 1820 WOODWARD STREET ORLANDO, FL 32803		
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 59-3623509				Applied For ☒ \$8.75 Additional Fee Required	
5. Certificate of Status Desired ☒					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 CORAL WAY 4TH FLOOR MIAMI, FL 33146				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when it is filing)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSD BUTLER, THOMAS B ☐ Delete				
NAME	1820 WOODWARD STREET				
STREET ADDRESS	ORLANDO, FL 32803				
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 10 or Block 11.					
SIGNATURE:  THOMAS B. BUTLER 4/10/2003 407/758-4385					