2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90050 033 ***150.00

770368

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000033043

1. Entity Name
SHEKINAH GROUP, INC.

Principal Place of Business / Mailing Address
827 SE ROULETTE LN
Port ST. LUCIE, FL. 34983

2. Principal Place of Business	3. Mailing Address
P.O. BOX 880821	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL.	City & State
Zip: 34988 Country: USA	Zip / Country

4. FEI Number: 65-0995470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LISA M. DOUGHTY
827 SE Roulette LANE
Port St. LUCIE, FL. 34983

7. Name and Address of New Registered Agent
Name: STANLEY P. SOKOLOWSKI
Street Address (P.O. Box Number is Not Acceptable)
827 SE Roulette LANE
City: Port St. LUCIE FL Zip Code: 34983

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: STANLEY P. SOKOLOWSKI PRES. 4-26-01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LISA M. DOUGHTY 827 SE ROULETTE LN. Port ST. LUCIE, FL. 34983 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STANLEY P. SOKOLOWSKI 827 SE ROULETTE LANE Port ST. LUCIE, FL. 34983 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] PRES. STANLEY P. SOKOLOWSKI PRES. 4-26-01 561-551-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone