

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90888 025 \*\*\*150.00

DOCUMENT # P00000042552

1. Entity Name

SHOP-SHIPFREE.COM, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8930 SR 84 #254

Suite, Apt. #, etc.

254

City & State

DAVIE FL

Zip

33324

Country

USA

3. Mailing Address

8930 SR 84 #254

Suite, Apt. #, etc.

254

City & State

DAVIE, FL

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

VICKIE VAN DUYS

Street Address (P.O. Box Number is Not Acceptable)

2211 SW 98 TERRACE

City

Ft. Lauderdale

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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)

☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
PRESIDENT, Treasurer, Secretary  
VICKIE VAN DUYS  
2211 SW 98 TERRACE  
Ft. Lauderdale, FL. 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
KENNETH E. KING SR  
PO BOX 515  
CHRISTMAS, FL. 32709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954-529-5215

Daytime Phone #

CR2E034B (12/01)