

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90096 049 ***150.00

036581

DOCUMENT # P00000062437

1. Entity Name
SHAGUAR, INC.

Principal Place of Business
1424 LOTUS PATH
CLEARWATER FL 33756

Mailing Address
1424 LOTUS PATH
CLEARWATER FL 33756

2. Principal Place of Business
1424 LOTUS PATH
 Suite, Apt. #, etc.

3. Mailing Address
1424 LOTUS PATH
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL
 Zip
33756 Country
U.S.A.

City & State
Clearwater FL
 Zip
33756 Country
U.S.A.

4. FEI Number
022-66-3739 Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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

TITLE **D** ☐ Delete
 NAME **DIPPLE, MICHAEL**
 STREET ADDRESS **1424 LOTUS PATH**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **D** ☐ Delete
 NAME **DIPPLE, CHRISTI**
 STREET ADDRESS **1424 LOTUS PATH**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
 Date

Daytime Phone #

CR2E034 (10/00)