9/6/01-90269-022-$61.25-$61.25

Amended # 61

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065666

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4:37

A00083879

DO NOT WRITE IN THIS SPACE

1. Entity Name: SHADRACH ENTERPRISES, INC.

Principal Place of Business: 3850 E. Gulf to Lake Hwy. #5, Inverness, FL 34453

Mailing Address: P.O. Box 521, Inverness, FL 34451

2. Principal Place of Business	3. Mailing Address
	1995 E. Oakland Park Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 350
City & State	City & State: Fort Lauderdale, FL
Zip / Country	Zip: 33306 / Country: U.S.A.

4. FEI Number: 59-3660922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jeffrey D. Rife
4031 E. Sanders Street
Inverness, FL. 34453

7. Name and Address of New Registered Agent

Name: John D. Harris
Street Address (P.O. Box Number is Not Acceptable): 1995 E. Oakland Park Blvd. Suite 350
City: Fort Lauderdale, FL Zip Code: 33306

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] JOHN D. HARRIS Aug 30/01
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, 2000 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	P/D/RA ☑ Delete	TITLE	P/S/T/D/RA ☐ Change ☑ Addition
NAME	Jeffrey D. Rife	NAME	John D. Harris
STREET ADDRESS	4031 E. Sanders Street	STREET ADDRESS	1995 E. Oakland Park Blvd., Ste. 350
CITY-ST-ZIP	Inverness, FL 34453	CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	T/D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	Kim M. Rife	NAME	
STREET ADDRESS	4031 E. Sanders Street	STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL 34453	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	400004610094--3
STREET ADDRESS		STREET ADDRESS	-09/25/01--01041--011
CITY-ST-ZIP		CITY-ST-ZIP	****488.75 ****488.75
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	SP
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] JOHN D. HARRIS (Pres) Aug 30/01 (954) 564-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #