

DAVIDSILVERMAN

5/21/01-90406-018-

9.

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-21-2001 90406 018 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **2000 00074334**

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ShadeTones Inc.**(L)**

1. Name of Business
1316 LAWNE Blvd
ORlando, FL 32802

2. The Name of the Person
SAME

3. Mailing Address
SAME

City & State
Orlando, FL

City & State
Orlando FL

4. FEEL
5937/6236

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Timothy T. Connelly
1316 LAWNE Blvd
Orlando FL 32802

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. This person hereby submits this statement for the purpose of changing its registered office or agent, or both, in the State of Florida.

SIGNATURE

9. This corporation is exempt to satisfy its filing fee
 The filing requirement and elects to do so.
 (See criteria on back)

FILE NOW! FEE IS \$100.00
After MAY 1, 2000 Fee will be \$300.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME **President** ☐ **Delete**
STREET ADDRESS **Timothy T. Connelly**
CITY-STATE-ZIP **1316 LAWNE Blvd** ☐ **Delete**
NAME **Orlando FL 32802**
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing shows compliance for the exemption election in Section 112.01(2)(c), Florida Statutes, and 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 the records 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 an other like uncovered.

SIGNATURE:**Timothy T. Connelly**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 (407) 298-9356

Date

Telephone Number