

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90005 027 ***150.00

DOCUMENT # P00000077168

1. Entity Name

SHADOW INC.

Principal Place of Business

Mailing Address SAME

2687 CRYSTAL CIRCLE
DUNEDIN FL. 34698

2. Principal Place of Business

3. Mailing Address

2687 CRYSTAL CIRCLE

2687 CRYSTAL CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS ABOVE

AS ABOVE

City & State
DUNEDIN FLACity & State
DUNEDIN FLZip
34698Country
USAZip
34698Country
USA

4. FEI Number

59-3669373

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Khalil Abdo
2687 CRYSTAL CIR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
MARK E. PENAStreet Address (P.O. Box Number is Not Acceptable)
3005 HYDE PARK AVENUE

SUITE 150

City
TAMPA

FL

Zip Code
33606

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 MARK E. PENA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/01

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
NAME
D.P.S
KHALIL ABDO
STREET ADDRESS
2687 CRYSTAL CIRCLE
CITY-ST-ZIP
DUNEDIN, FL 34698 ☐ DeleteTITLE
NAME
VP, D
JOSEPH E. ABDO
STREET ADDRESS
334 S. HYDE PARK AVENUE
CITY-ST-ZIP
TAMPA, FL 33606 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: KHALIL ABDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01

Date

813 927 6562

Daytime Phone #

CR2E034 (11/00)