FILED
Jun 27, 2001 8:00 am
Secretary of State
02-27-2001 90351 025 ***150.00

2/27 21

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082547

1. Entity Name
SHIFTING AHEAD, INC.

(UR)

Principal Place of Business	Mailing Address
9400 SOUTH DADELAND BLVD PENTHOUSE 5 MIAMI FL 33156	9400 SOUTH DADELAND BLVD PENTHOUSE 5 MIAMI FL 33156

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1134 E. Fletcher Ave	1134 E. Fletcher Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl.	City & State: Tampa Fl!
Zip: 33612 Country: Hillsboro	Zip: 33612 Country: Hillsboro

4. FEI Number 59-3672065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DARROW, KENNETH F ESQ 9400 SOUTH DADELAND BLVD PENTHOUSE 5 MIAMI FL 33156	Name: Scott F Tobin Street Address (P.O. Box Number is Not Acceptable): 1134 E. Fletcher Ave City: Tampa FL Zip Code: 33612

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] 6-23-01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott Tobin 1134 E Fletcher Ave. Tampa FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] 2-13-01 770-329-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #