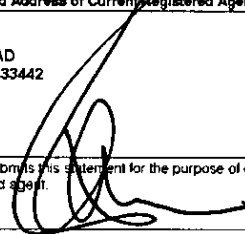
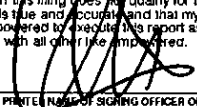


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90361 023 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000094189		
1. Entity Name THE SHACK, INC.		
Principal Place of Business 1380 S POWERLINE ROAD DEERFIELD BEACH, FL 33442		Mailing Address 1380 S POWERLINE ROAD DEERFIELD BEACH, FL 33442
2. Principal Place of Business		3. Mailing Address 4462 NW 64th ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State COCONUT CREEK
Zip	Country	Zip 33073 Country USA
4. FEI Number 65-1043255		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GELEAND, JAMES 1380 S POWERLINE ROAD DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name GELFAND, JAMES Street Address (P.O. Box Number is Not Acceptable) 4462 NW 64th ST. City COCONUT CREEK FL 33073
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/14/03 (NOTE: Registered Agent's signature required when registering)		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, JAMES M 4462 NW 64TH STREET COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELEAND, JAMES 1380 S POWERLINE ROAD POMPAHO BEACH, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other file information.		
SIGNATURE:  954-570-7891 4/14/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR12E034 (10/02)