


**FOR PROIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 24 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P00000110596	
<b>1. Entity Name</b> WILLIAM SHANK MANAGEMENT SERVICES, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 524 Palm Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 12110 N GRAY RD: Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Hallandale, FL	<b>City &amp; State</b> CARMEL, IN 36033	<b>4. FEI Number</b> 65-1062494	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33009-6534	<b>Country</b> Broward	<b>Zip</b> 46033	<b>Country</b> U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> William Shank
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 524 Palm Drive
<b>City</b> Hallandale
<b>State</b> FL
<b>Zip Code</b> 33009-6534

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> PP	<b>NAME</b> SHANK, WILLIAM	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 524 Palm Drive	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Hallandale, FL 33009-6534	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03  
Date

Daytime Phone #

CR2E034B (12/02)

6/25

Attachment

PO0000110596

6/2/03

To Whom It may Concern,

The delay in filing the enclosed UBB is due to the Post Office damaging and losing our mail.

~~It was just returned to us.~~

~~I was told by your office not to include all the damaged papers, just print off new forms from your web site & re-do them.~~

I am finally now able to send them to you for filing purposes.

Please do not fine us because of the Postal Service!

Thanking you in advance,

Will E. Sh