2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Principal Place 12192 BEACH SUITE 9 JACKSONVILLE 2. Principal F	SHEARS, INC. Soft Business BOULEVARD	Mailing Address 12192 BEACH BOULEVARD SUITE 9 JACKSONVILLE FL 32246 3. Mailing Address		FILED 03 OCT 16 AMII: I SECRETARY OF STATE TALLAHASSEE, FLORIE	i DA	
City & State City & State		City & State		4. FEI Number 59-3692747	Applied For	
Zip	Country	Zip	Country	5 Certificate of Status Desired 58.7	Not Applicable 75 Additional Required	
	6. Name and Address of Current R	egistered Agent	Namo	7. Name and Address of New Registered Agent		
*	nta d ACH BLVD #9 Ville FL 32246		Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
WOLOOTHIELE I'E GEE IO			City	FL ^z	ip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
	PD REGULACION, ESTRELLITA S 12192 BEACH BOULEVARD SUITE JACKSONVILLE FL 32246	Delete 9		Dy Bonifa D 92 Beach poud duits 9	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAY, BONITA D 12192 BEACH BOULEVARD SUITE JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022754976	thange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REGULACION, ARLENE S 12192 BEACH BOULEVARD SUITE JACKSONVILLE FL 32246	9 .	NAME - STREET ADDRESS CITY-ST_ZIP		hange	
TITLE NAME STREET ADDRESS CITYST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that is same legal effect as if made under oath; that I am an 607, Florida Statutes; and that my name appears in Bloc	officer or director	

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

October 9, 2003

Double Shears, Inc. 12192 Beach Blvd, Suite 9 Jacksonville, Florida 32246

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern.

Your letter number 803A00049791 dated September 8, 2003 (enclosed) returned my Uniform Business Report stating it had not been filed. The reason you gave for returning the report was that the reason given for requesting abatement of the late filing penalty could not be granted.

Enclosed is my completed Uniform Business Report.

Request that the \$400 penalty for late filing be waived.

I did not receive the original report and it was only after you mailed a duplicate that I realized I had not received the report or filed it.

Realizing the report was not filed; I immediately filed the duplicate report sent to me by you.

I am in my second year of business and, even though I am growing, cash flow is tight. Your approval of this request would certainly be appreciated.

Thank you for your assistance with this matter.

Sincerely,

Bonita Lay, President

But