

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000018626

FILED
May 01, 2003
Secretary of State

Entity Name: SHOVELER INC.

Current Principal Place of Business:

15161 85 ROAD NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

15161 85 ROAD NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1079689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARANDA, JASON
15161 85TH RD N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARANDA, JASON
Address: 15161 85 ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARANDA, JASON P
Address: 15161 85 ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Change (X) Addition
Name: FARANDA, JONATHAN D VP
Address: 7860 NW 53CT
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON FARANDA

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date