

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038439

1. Entity Name  
SHIP-FREE INDUSTRIES, INC.

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90217 018 \*\*\*150.00

677233



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5460 N. STATE ROAD 7 #113 FT. LAUDERDALE FL 33319	Mailing Address 5460 N. STATE ROAD 7 #113 FT. LAUDERDALE FL 33319
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Ship Free Ind. P.O. Box 740 City & State Boynon Beach FL Zip 33474-0601 Country USA
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6. Name and Address of Current Registered Agent

GHASSEDI, SOO  
5460 N. STATE ROAD 7 #113  
FT. LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHASSEDI, SOO 5460 N. STATE ROAD 7 #113 FT. LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

08/24/02 828-408-4918

CR2E034 (4/02)

Attachment

# P01000038439/

08/20/02

167723

\$

Please accept my 150 as the  
business address has changed to  
as follows: Ship Free Incl

P.O. Box 740601

Boynton Beach, FL, 33474

P.S. Never received 1st report

Thank you

Joe L. Hester