## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

SIGNATURE:

P01000039583

1. Entity Name SHANNON SYKORA, INC.



## **FILED**

					15	
Principal Place of Business 250 JACARANDA DRIVE UNIT #501 PLANTATION FL 33324			Mailing Address 250 JACARANDA DRIVE UNIT #501 PLANTATION FL 33324			
2. Principal P	Place of Busin	E HALL DR.	3. Mailing Address 1701 WHITE HALL DR.		Q.	- FINDENERS IN BOURT INDITIONS BUSIN BOUND BUILD THIN BUILD
Suite, Apt. #, etc. # 304			Suite, Apt. #, etc. # 304			M CHECK HERE IF MAKING CHANGES
City & State FT. LAUDERDALE, FL			City & State FT. LAUDERDALE, FL		-ر	4. FEI Number 65-1093231 Applied For Not Applicable
Zip <b>3</b> 33	324	BROWARD	33324	Country BROWAR	20	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
05/50-/				Name		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street A	ddress (	(P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			,			
				City		FL Zip Code
	named entity tions of registe		the purpose of changing its r	egistered office or	register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re réquirec	d when reinstating) DATE
After Make Check	r May 1,∜200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10	DOTTO	OFFICERS AND	··-	11.	00.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 JACAI	Shannon M Randa Drive On Fl 33324	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	85° 541 170 FT	TO PChange Addition (ORA, SHANNON M)  OF WHITE HALL DR. # 304  LAUDENDALE, FL 33324
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <u></u>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby of indicated of the correction of the corrections of the	pertify that the on this report poration or the or on an atta	information sypplied with or supplemental eport is e receiver of rustee empo chment with ay address, w	this filing does not qualify for t true and agourate and that my wered to execute this report a vith all the like empowered.	the exemption state y signature shall has s required by Chap	ed in Se ave the s oter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director?, Florida Statutes; and that my name appears in Block 10 or Block 11 if

<del>(1231</del>11RESHANNON M. SYKORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR