4/1/02

## FILED May 01, 2002 8:00 am Secretary of State

## 2002 Uniform Business Report (UBR)

DOCUMENT # P0100042700  1. Entity Name SHOGUN INTERNATIONAL, INC.							04-01-2002 90668 042 ***150.00					
Principal Place of Business 3825 CHEVERLY DR. W. LAKELAND FL 33813			Mailing Address 3825 CHEVERLY DR. W. LAKELAND FL 33813	3825 CHEVERLY DR. W.			A NESTINACO INI RAINA ITANI BANIN BESTI	06H1 68N1 818	1 <b>0</b> (1861)	<b>19</b> 10 <b>68</b> 0 1886		
	- <del> </del>	La National Addition										
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						•••		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State	City & State			4. FEI Number Applied For S9 - 372050 / Not Applied For					
Zip	Zip Country		Zip	Coun		5.	5. Certificate of Status Desired S8.75 Additional Fee Required				7	
· · · · · ·	6. Name	and Address of Co	urrent Registered Agent		Nome	7.	Name and Address of New Reg	gistered Ag	ent		7	
TERRY, ALISON					Name Street Address (P.O. Box Number is Not Acceptable)						-	
3825 CHEVERLY DR. W.					Street Addres	ss (F.O.	Box Number is Not Acceptable)		_		4	
LAKELANI	D FL 33813	1			Chi				T Zin Cod		4	
					<u> </u>	City FL Zip Code						
8. The above	named entit	y submits this staten	nent for the purpose of changing its	s register	ed office or regis	stered as	gent, or both, in the State of Flori	da.				
SIGNATURE,	<u> </u>	adult	od agent and title if epolicable. (NOT		d Agent signasura raqu	ired when	rahesostoo)	<u>3/22</u>	<u>-/o:</u>	<u> </u>		
9 This corne					IS \$150.00						-	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  After May 1, 200/ Make Check Payable					will be \$550.00		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing 🗆	\$5.0 Added	O May Be I to Fees		
11,	ia on oach)	OFFICERS	S AND DIRECTORS	12.	abatment of s		DDITIONS/CHANGES TO OFFIC	ERS AND C	IRECTOR	S IN 11	-{	
TITLE	D %		☐ Defete	mu			<del></del> _		Change	☐ Addition	<u>§</u>	
NAME STREET ADDRESS CITY-ST-ZIP		EVERLY DR. W. O FL 33813		H -	ET ADORESS -St-Zip						CR2E034 (9/01)	
TITLE			☐ Delete	TITU	E		· · · · · · · · · · · · · · · · · · ·		Change	Addition	18	
NAME STREET ADDRESS CITY-ST-ZIP	ı			- 11	E Et address -st-zip							
TITLE			Delete	-   mu			<del> </del>		Change	☐ Addition	1	
HAME Street address			ها بيره منهم موادر سالما الأسام الواد الأ		EET ADORESS	من ما داد	e de puede application de la company			-	[	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		. 11.	-ST-ZIP	<del></del> -					}	
TITLE NAME			☐ Delete	TITLE	,			[	Chang <del>s</del>	☐ Addition	]	
STREET ADDRESS CITY-ST-ZIP	,	•		STRE	ET ADORESS - ST-ZIP							
TITLE			☐ Detete	птц					Change	Addition	}	
NAME Street address City-St-Zip			·	11 -	ET ADDRESS -ST-ZIP							
TITLE			Delete	mre					Change	Addition	1	
NAME STREET ADDRESS				- 11	ET ADDRESS							
13. I hereby certify that the information supplied with this filing does not quality 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 807, 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.												
,		Comment with an add	iless, with all other fixe empowered	; , \			511					
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNENG OFFICER OPPOPER DAM DAM DESCRIPTION & DESCRIPT												