

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-29-2002 90006 037 ***150.00


2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051480
 1. Entity Name
 SHIVAL ENTERPRISES, INC. ✓

Principal Place of Business Mailing Address
 1613 53RD AVE DR E 1613 53RD AVE DR E
 BRADENTON FL 34203 BRADENTON FL 34203

2. Principal Place of Business 3. Mailing Address
 6511 14th St W 6511 14th St W
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bradenton Bradenton

City & State City & State
 FL Bradenton FL
 Zip Country Zip Country
 34207 34207



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106929 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THAKKAR, HASMUKH A
 1613 53RD AVE DR E
 BRADENTON FL 34203

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 10047 Reagan Dairy Trail
 City Bradenton FL Zip Code 34212

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 _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAKKAR, HASMUKH A 1613 53RD AVE DR E BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THAKKAR, SUBHADRA H 1613 53RD AVE DR E BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THAKKAR, MUKESH 1613 53RD AVE DR E BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10047 Reagan Dairy Trail Bradenton FL 34212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10047 Reagan Dairy Trail Bradenton FL 34212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/22/02 Daytime Phone #: 941 756-8399

CR2E034 (4/02)