

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90144 027 ***150.00

DOCUMENT # P01000064106

1. Entity Name
CULTURESHOCK INC.

Principal Place of Business
**8795 E ORCHID ISLAND CIR
VERO BCH FL 32963**

Mailing Address
**8795 E ORCHID ISLAND CIR
VERO BCH FL 32963**

00000413



2. Principal Place of Business

6250 N. RIVER RUN DR.

3. Mailing Address

6250 N. RIVER RUN DR.

DO NOT WRITE IN THIS SPACE

City & State
SEBASTIAN, FL.

Zip
32958

Country
U.S.A.

City & State
SEBASTIAN, FL. 32958

Zip
U.S.A.

4. FEI Number
65-1119829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGOWAN, JOHN W
8795 E ORCHID ISLAND CIR
VERO BCH FL 32963**

7. Name and Address of New Registered Agent

Name **JOHN W. MCGOWAN**
Street Address (P.O. Box Number is Not Acceptable)
6250 N. RIVER RUN DR.
City **SEBASTIAN** FL Zip Code **32958**

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/13/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☐ Delete
NAME **MCGOWAN, JOHN W**
STREET ADDRESS **8795 E ORCHID ISLAND CIR**
CITY-ST-ZIP **VERO BCH FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **JOHN W. MCGOWAN**
STREET ADDRESS **6250 N. RIVER RUN DR.**
CITY-ST-ZIP **SEBASTIAN, FL. 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

JOHN W. MCGOWAN

4/13/02

772-532-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)