

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-24-2002 91332 024 ***150.00

DOCUMENT # PO1000064828

1. Entity Name

LZ Shadow, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24269 Mondon Hill Rd.

3. Mailing Address

22296 NW 75 Ave. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

93610

City & State

Brooksville, FL

City & State

Micanopy, FL

4. FEI Number

74-3031985Applied For
Not Applicable

Zip

34601

Country

USA

Zip

32667-7405

Country

USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JOHN P SILBERMAN

Street Address (P.O. Box Number is Not Acceptable)

22296 NW 75TH AVENUE RDCity MICANOPY

FL

Zip Code
32667DO NOT WRITE
IN THIS SPACE

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 JOHN P SILBERMAN

Signature, typed or printed name of registered agent and title if applicable.

John P Silberman

(NOTE: Registered Agent signature required when reinstating)

6-12-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>Silberman, John P. President</u> <u>22296 NW 75 Ave. Rd.</u> <u>Micanopy, FL 32667-7405</u>
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John P Silberman

JOHN P. SILBERMAN

4-30-02

Date

352-591-2993

Daytime Phone #

CR2E034B (12/01)