

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0673644 AV

DOCUMENT # P01000116702

1. Entity Name  
SHAWNEE UNIFIED ASSETS, INC.



FILED

03 APR 17 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~3031 SW COLLEGE ROAD~~  
OCALA FL 34474

Mailing Address  
~~3031 SW COLLEGE ROAD~~  
~~OCALA FL 34474~~

2. Principal Place of Business  
10935 SE 177th PL  
Suite, Apt. #, etc.  
#305

3. Mailing Address  
10935 SE 177th PL  
Suite, Apt. #, etc.  
#305

☐ CHECK HERE IF MAKING CHANGES

City & State  
Summerfield FL  
Zip  
34491 Country  
USA

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Summerfield FL  
Zip  
34491 Country  
USA

4. FEI Number 01-0575153  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~ACKERMAN, BRYCE W~~  
~~125 NE 1ST AVENUE~~  
~~SUITE 1~~  
~~OCALA FL 34470~~

## 7. Name and Address of New Registered Agent

Name  
Glenn E. LANE  
Street Address (P.O. Box Number is Not Acceptable)  
10935 SE 177th PL #305  
City  
Summerfield FL Zip Code  
34491

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 *Glenn E. Lane*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, GLENN E 3031 SW COLLEGE ROAD OCALA FL 34474	<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
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	10935 SE 177th PL #305 Summerfield FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900016338009 04/21/03--01008--003 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Glenn E. Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03  
Date

Daytime Phone #

CR2E034 (10/02)