

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90308 022 ***150.00

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1. Entity Name
SHIPLEY COMMUNICATIONS, INC.

Principal Place of Business
**4404 U.S. HIGHWAY 1
VERO BEACH FL 32967**

Mailing Address
**4404 U.S. HIGHWAY 1
VERO BEACH FL 32967**



2. Principal Place of Business
795 8th COURT
Suite, Apt. #, etc.

3. Mailing Address
795 8th COURT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number **65-1159644**

Applied For
Not Applicable

Zip **32962** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDERSON, STEVE L ESQ.
817 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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 **D** Delete
NAME **SHIPLEY, JOHN**
STREET ADDRESS **4404 U.S. HIGHWAY 1**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** Change Addition
NAME **SHIPLEY, JOHN**
STREET ADDRESS **994 CAROLINA CIRCLE SW.**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **D** Delete
NAME **SHIPLEY, BRENDA**
STREET ADDRESS **4404 U.S. HIGHWAY 1**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** Change Addition
NAME **SHIPLEY, BRENDA**
STREET ADDRESS **994 CAROLINA CIRCLE SW**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Brenda Shipley SIGNATURE REQUIRED R SHIPLEY 21 APR 03 772-564-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)