2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

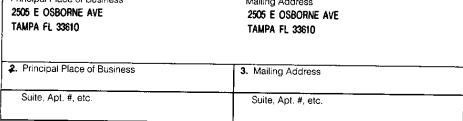
P02000001578



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90047 046 ***150.00

FILED

1. Entity Name SHAWN'S DUMP, INC. Principal Place of Business Mailing Address





☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Zip Country Zip Country

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SULLIVAN, LEROY 2505 E OSBORNE AVE **TAMPA FL 33610**

Street Address (P.O.	Box Number is N	Not Accepts

DATE

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.

City

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

	FILE NOW!!! FEE	IS \$150.00
	After May 1, 2003 Fee	will be \$550.00
Make 9	Check Payable to Florid	la Department of Sta

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITI F Change | ☐ Addition NAME SULLIVAN, LEROY NAME STREET ADDRESS 2505 E OSBORNE AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ke empowered.

SIGNATURE: