

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90463 009 ***150.00

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DOCUMENT # P02000005339

1. Entity Name

SHANNON SLOCUM INTERIORS, INC.



Principal Place of Business
**2170 CLOVER HILL RD.
PALM HARBOR FL 34683**

Mailing Address
**2170 CLOVER HILL RD.
PALM HARBOR FL 34683**

11002542



2. Principal Place of Business

19334 GARDEN QUILT CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

19334 GARDEN QUILT CIRCLE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number

01-0582694

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

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

6. Name and Address of Current Registered Agent

**SLOCUM, SHANNON
2170 CLOVER HILL RD.
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **SLOCUM, SHANNON**

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

19334 GARDEN QUILT CIRCLE

City

LUTZ

FL

Zip Code **33558**

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

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

(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

TITLE ☐ Delete
NAME **D. SLOCUM, SHANNON**
STREET ADDRESS **2170 CLOVER HILL RD.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19334 GARDEN QUILT CIRCLE**
CITY-ST-ZIP **LUTZ, FL 33558**

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

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

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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

Shannon Slocum, Pres. 4-14-03 727-415-6248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)