

FILED  
Jul 11, 2003 8:00 am  
Secretary of State

07-11-2003 90056 037 \*\*\*150.00  
02-24-2003 90160 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000006125

1. Entity Name  
**SHADES OF TIME INC.**



Principal Place of Business  
214 ESAT OCEAN AVENUE  
LANTANA, FL 33462

Mailing Address  
214 ESAT OCEAN AVENUE  
LANTANA, FL 33462

2. Principal Place of Business  
**214 EAST OCEAN AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**214 EAST OCEAN AVE**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**04-3589765**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139

Name

**ALAN ROSS**

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

**214 EAST OCEAN AVE.**

City

**LANTANA**

FL

Zip Code

**33462**

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

*P. Ross*

(NOTE: Registered Agent signature required when resigning)

**X07-08-03**

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROSS, ALAN B**  
**214 ESAT OCEAN AVENUE**  
**LANTANA, FL 33462**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, S, T, D**  
**214 EAST OCEAN AVE.**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-08-03**

DATE

**561-540-8925**

Daytime Phone #

CR2E034 (10/02)