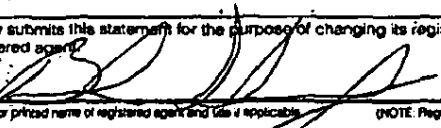


FILED
Aug 18, 2003 8:00 am
Secretary of State

7/14

07-14-2003 90342 037 ***550.00

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

DOCUMENT # P02000029095			
1. Entity Name SHIVELY ENTERPRISES, INC.			
Principal Place of Business 16326 75TH PLACE NORTH LOXAHATCHEE FL 33470		Mailing Address 16326 75TH PLACE NORTH LOXAHATCHEE FL 33470	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 35-2162875		☐ Applied For ☒ Not Applicable	
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	
SHIVELY, BLAIR A 16326 75TH PLACE NORTH LOXAHATCHEE FL 33470		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:  DATE: 7/20/03 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-issuing)			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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: PRESIDENT, TREASURER ☐ Delete NAME: Blair Shively STREET ADDRESS: 16326 75th North CITY-ST-ZIP: LOXAHATCHEE, FL. 33470		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ 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 power like empowered.			
SIGNATURE:  7-9-03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	

55054435

CR20034 (4/03)