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

04-21-2003 91201 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000060046

1. Entity Name
SHANK BROS INC.

20032140

Principal Place of Business	Mailing Address
1001 N FEDERAL HWY STE 202 HALLANDALE, FL 33009	1001 N FEDERAL HWY STE 202 HALLANDALE, FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1001 N Federal Hwy	Same
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Hallandale FL	City & State
Zip: 33009 / Country: USA	Zip / Country

4. FEI Number: 04-3676293 — 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
LEDUC, REJEAN 1001 N FEDERAL HWY STE 202 HALLANDALE, FL 33009	Name: Shank, Jean M Street Address (P.O. Box Number is Not Acceptable): 1001 N. Federal Hwy #201 City: Hallandale FL Zip Code: 33009

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	Treasury ☐ Change ☑ Addition
NAME	SHANK, LEONARD	NAME	Shank, Jean M
STREET ADDRESS	2127 RTC 400 #101	STREET ADDRESS	2114 Rte 400
CITY-ST-ZIP	LIMOGES, ONT. CA K0A 2M0, FL	CITY-ST-ZIP	Limoges, Ontario Canada K0A 2M0
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
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________________ 4-15-03 (613) 443-7665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)