2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

BUND

DOCUMENT#

Principal Place of Business. 88 RIBERIA STREET

SAINT AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

806 ANITSTASIA

1. Entity Name SHADENET, INC.

SUITE 110

P02000100895

Mailing Address

88 RIBERIA STREET SUITE 110

Suite, Apt. #, etc.

City & State

SAINT AUGUSTINE FL 32084

Mailing Address
Sob Awa Stack

FILED Feb 07, 2003 8:00 am Secretary of State

01-08-2003 90029 045 ***150.00

JUVUVUWUU

CHECK HERE IF MAKING CHANGES								
4. FEI Number	Applied For							
* 56 - 2294045	Not Applicable							
5. Certificate of Status Desired S8.75 Additional Fee Required								
7. Name and Address of New Registered Agent								
P.O. Box Number is Not Acceptable)								
FL Zip	o Code							
ed agent, or both, in the State of Florida. I am familiar	with, and accept							
when reinstating) DATE								
	\$5:00 May Be Added to Fees							

City & State	,	City & State	` `	4,	FEI Number	Ap	plied For	i	
	AUSTINE FL	ST ANGUS	itine h	-	56-2294045	No	t Applicable	l	
32080	Country	32080	Country	untry 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					
, 4			-Name_					!	
SPIEGEL & UTRERA, P.A.			Stroot /	Street Address (P.O. Box Number is Not Acceptable)					
1840 SW &2ND ST.			Sueer	Suest Address (F.O. Dox Multiper is Not Acceptable)					
4TH Fuct					.3			l	
MIAMI FL 33145			City		·	Zip Code	<u> </u>		
	" / / /	\			<u> </u>				
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 digit									
. FI	LE NOWIII FEE IS \$150,00.					·			
After May 1, 2003 Fee will be \$550.00					 9. Election Campaign Financ Trust Fund Contribution. 	+	O'Māy Be	. —	
Make Check	Payable to Florida Department	of State			Hast Falls Continue to 1.	G 74000	21.01000	l	
10.	OFFICERS AN	ID DIRECTORS	11.		DDITIONS/CHANGES TO OFFICER		S IN 11	_	
TITLE	PSTD	☐ Delete	TITLE	1510	IAN RENSEURA ANDI	Change Change	☐ Addition	(10/02)	
NAME	JANSE VAN RENSBURG, ADR	RIES J.H.	NAME	JANGE Y	inedrich deine Sinedrich	act of		5	
STREET ADDRESS	88 RIBERIA STREET, SUITE 11	0	STREET ADDRESS			_		쮼	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP	SI AUC	austine fl 3208			R2E034	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	S	
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				ĺ		
CITY-ST-ZIP				 	<u> </u>	Change Change	Addition		
TITLE		☐ Delete	TITLE			☐ Change	Addition		
NAME			NAME STREET ADDRESS	-					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
		m		 	<u> </u>	☐ Change	Addition		
TITLE		Defete	TITLE NAME			C Change			
NAME STREET ADDRESS			STREET ADDRESS						
City-ST-ZIP			CITY-ST-ZIP						
		Delete	TITLE	 		☐ Change	Addition		
TITLE Name		LI DEIRE	NAME			ு பூரு	C. Pagetton		
STREET ADDRESS			STREET ADDRESS	1			1		
CITY-ST-ZIP		* ·	CITY-ST-ZIP						
	partific that the information extended to	ith this filing does not qualify		ted in Section	119 07(3Vi) Florida Statutes I furt	her certify that the in	tormation		
indicated of the corporated changed,	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an address	t is true and accurate and the howevered to execute this rep s, with all other like empower	at my signature shall I port as required by Ch red.	have the same apter 607. Flor	legal effect as if made under oath; ida Statutes; and that my name ap	that I am an officer opears in Block 10 or	or director Block 11 if		