2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000107625

Entity Name: GARY SHAWKEY INTERNATIONAL, INC.

FILED Jan 04, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13114 HAZELCREST ST SPRINGHILL, FL 34609				12468 SPRING HILL DRIVE SPRING HILL, FL 34609		
Current M	lailing Addres	s:		New Maili	ng Address:	
13114 HAZELCREST ST SPRINGHILL, FL 34609				12468 SPRING HILL DRIVE SPRING HILL, FL 34609		
FEI Number: 01-0665413 FEI Number Applied For () FEI Nu			FEI Nun	mber Not Applicable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:
SHAWKEY, GARY 13114 HAZELCREST ST SPRINGHILL, FL 34609				ADLER, ANDREW PA 501 SOUTH DAKOTA AVENUE SUITE SEVEN TAMPA, FL 33606		
	named entity s of Florida.	ubmits this statement for the pu	rpose o	f changing it	ts registered o	ffice or registered agent, or both,
SIGNATURE: ANDREW ADLER, PA				01/04/2003		
	npaign Financing S AND DIREC	Trust Fund Contribution (). TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	SHAWKEY, GAF 13114 HAZELCI	REST ST		Title: Name: Address: City-St-Zip:	P (X) SHAWKEY, GA 13114 HAZELC SPRING HILL, F	REST STREET
Title: Name: Address: City-St-Zip:	SHAWKEY, STE 13114 HAZELCI	REST ST		Title: Name: Address: City-St-Zip:	T (X) SHAWKEY, STI 13114 HAZELC SPRING HILL, F	REST STREET
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	V () EGGLETON, RO 1497 FERGASO SPRING HILL, F	ON AVENUE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () PEREL, MICHA 3131 ARLINGTO RIVERSIDE, CA	ON #49
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ARENAL, JAMÉ	S STREET #1503
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () PEREL, GEORG 2328 CASERTA LAS VEGAS, N	COURT

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SHAWKEY P 01/04/2003