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2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 15, 2003 8:00 am Secretary of State

Mailing Address 500 E. SEMORAN BLVD, STE:- 2-J CASSELBERRY, FL 32707 2. Principal Place of Business Suite, Apt.#, etc.  Suite, Apt.#, etc.  Suite, Apt.#, etc.  City & State  City & Sta	DOCUM 1. Entity Nat		52	. 04-15-2003 90112 014 ***150.00				
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3. Mailing Address  Suite, Apt. #, etc.  City & State  Applied For 11-3681059								
City & State  Country  State  St		Place of Business	3. Mailing Address					
11-3661059   Not Applicable   \$8.75   Additional   \$8.75   Additional	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
ShareEco, ALI Solo E. SEMORAN BLVD 2. ASSELBERRY FL 32707  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent agent and ritle if applicable.  (City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent agent and ritle if applicable.  (City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  (City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reindating)  (City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reindating)  (Philip Code 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects Marke Ricket Rapadable is Department of State in the Added to Fees to do so. (See criteria on back)  (In Cofficers AND DIRECTORS  (In Cofficers AND DIRECTORS  (In Cofficers AND DIRECTORS)  (In Coffi	City & State		City & State		<u>-</u> .			
6. Name and Address of Current Registered Agent SHAFEEQ, ALI SOC E. SEMORAN BLVD ADASSELBERRY FL 32707  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.  Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent agenture required when reintaking)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 12. ADDI	Zip	Country	Zip	Country				Additional
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B. 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.  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturing)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   FILE NOWNT FEETS \$180.00    Intangible Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   10. Election Campaign Financing   \$5.00 May Be After MAY 1, 2000 Fise will be \$590.00    Trust Fund Contribution.   Added to Fees   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE   MAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CRY: \$1.2P    TITLE   Change   Addition    MAME   STREET ADDRESS    CRY: \$1.2P   Change   Addition    MAME   STREET ADDRESS    CRY: \$1.2P   Change   Addition    MAME   Change   Additi		RRY FL 32707	•		·			
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13. 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 path; that	13. I hereby ce			for the exemption				

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47103

Daytime Phone # 469

40)-295