

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

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90013 016 \*\*\*150.00

DOCUMENT # P.03000048605

1. Entity Name

SHAYO CORPORATION INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13500 TAMiami TRAIL N

3. Mailing Address

2419 EAST MALL DR

Suite, Apt. #, etc. UNIT #10

Suite, Apt. #, etc.

NAPLES, FL

City & State

City & State

34100 COLLIER

FT. MYERS FL

Zip

Country

Zip

Country

33901

USA

4. FEI Number

57-0463902

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RODERICK D. McLEOD

Street Address (P.O. Box Number is Not Acceptable)

2419 EAST MALL DR

City

FT. MYERS

FL

Zip Code

33901

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT  
NAME BHAVESH SHETH  
STREET ADDRESS WIGGINS PASS PLAZA, 13500  
CITY-ST-ZIP N. TAMiami TRAIL, UNIT #10

TITLE VICE PRESIDENT  
NAME HARISH SHETH  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP NAPLES, FL 34100

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

B. J. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (1/2/02)