2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P93000045362

Entity Name: SHARKEY ENTERPRISES INTERNATIONAL, INC.

Current Principal Place of Business:

6808 SIMCA DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

6808 SIMCA DRIVE
JACKSONVILLE, FL 32277 US

Current Mailing Address:

6808 SIMCA DRIVE
JACKSONVILLE, FL 32211

New Mailing Address:

6808 SIMCA DRIVE
JACKSONVILLE, FL 32277 US

FEI Number: 59-3214359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARKEY, CRAIG D
6808 SIMCA DRIVE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

SHARKEY, CRAIG D
6808 SIMCA DRIVE
JACKSONVILLE, FL 32277 US

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: CRAIG D SHARKEY 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASON, WADE H III
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: SHARKEY, CRAIG D
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: CASON, DOREEN L
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASON, WADE H III
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D (X) Change ( ) Addition
Name: SHARKEY, CRAIG D
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D (X) Change ( ) Addition
Name: CASON, DOREEN L
Address: 6808 SIMCA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277 US

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: DOREEN L CASON D 04/29/2002
Electronic Signature of Signing Officer or Director Date