

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90203 019 \*\*\*150.00

0676419 FP

**DOCUMENT # P93000072121**

1. Entity Name  
**SHALSUB CORP.**



Principal Place of Business  
**1261 NO EGLIN PKWY  
SHALIMAR FL 32579  
US**

Mailing Address  
**231 RACETRACK RD  
FT WALTON BCH FL 32547  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3216674**

Applic For  
Not Applicable

Zip

Country

Zip

Country

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

**OSMAN, L M  
1474-A W. 84TH ST.  
HIALEAH FL**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **MCCORMICK, JERRY**  
STREET ADDRESS **8 GALE CT.**  
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **DP** ☐ Change ☒ Addition  
NAME **Allan Amarento**  
STREET ADDRESS **1092 Courvington Ct.**  
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **DVS** ☐ Delete  
NAME **NOBLES, MICHAEL**  
STREET ADDRESS **231 B RACETRACK RD**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **DVS** ☒ Change ☐ Addition  
NAME **Michael Nobles**  
STREET ADDRESS **65 Hampton Circle**  
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. Nobles REQUESTED Michael S. Nobles 1-24-3 850-315-0026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)