

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000086484

1. Entity Name  
**SHANE DEVELOPMENT, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90061 006 \*\*\*150.00

Principal Place of Business 6120 FOREST HILL BLVD. SUITE 108 WEST PALM BEACH FL 33414	Mailing Address 6120 FOREST HILL BLVD. SUITE 108 WEST PALM BEACH FL 33415-6260
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17181-70th ST N</b>	3. Mailing Address <b>17181-70th ST N</b>
Suite, Apt. #, etc. <b>Loxahatchee</b>	Suite, Apt. #, etc. <b>LOXAHATCHEE</b>
City & State <b>FLORIDA</b>	City & State <b>FLORIDA</b>

4. FEI Number <b>65-0568934</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33470</b>	Country <b>Palm Bch.</b>	Zip <b>33470</b>	Country <b>PALM BEACH</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SOMSEN, GINA**  
**6120 FOREST HILL BLVD.**  
**SUITE 108**  
**WEST PALM BEACH FL 33415**

*Gina L. Hughes* **Gina L. Hughes**

7. Name and Address of New Registered Agent

Name **Gina L. Hughes**

Street Address (P.O. Box Number is Not Acceptable)  
**17181 70th St. N**

City **Loxahatchee** FL Zip Code **33470**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SOMSEN, GINA</b> <b>6120 FOREST HILL BLVD., SUITE 108</b> <b>WEST PALM BEACH FL 33415</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D, P</b> <b>Gina L. Hughes</b> <b>17181 70th St. N.</b> <b>Loxahatchee, FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Gina L. Hughes* **Gina L. Hughes** Date: **3/31/00** Daytime Phone #: **561-793-5786**

CR2E034 (9/99)