

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 017 ***150.00

DOCUMENT # P93000087692

1. Entity Name
SHOPPING CENTERS, ETC., INCORPORATED

Principal Place of Business 1347 DUNHILL DRIVE LONGWOOD FL 32750	Mailing Address 1347 DUNHILL DRIVE LONGWOOD FL 32750-2892
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2. Principal Place of Business 1018 W SR 434 SUITE 200 Longwood FL	3. Mailing Address 203 Adair Ave Suite, Apt. #, etc.
City & State Longwood FL	City & State Longwood FL



DO NOT WRITE IN THIS SPACE

Zip 32750	Country Seminole	Zip 32750	Country Seminole	4. FEI Number 59-3129349	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent HENKHAUS, BARBARA 1347 DUNHILL DR. LONGWOOD FL 32750	7. Name and Address of New Registered Agent Name: Barbara Henkhaus Street Address (P.O. Box Number is Not Acceptable): 203 Adair Ave City: Longwood FL Zip Code: 32750
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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: *Barbara Henkhaus* DATE: 4/22/00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENKHAUS, BARBARA 1347 DUNHILL DR. LONGWOOD FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Shopping Centers, Etc., Inc. Barbara Henkhaus 203 Adair Ave Longwood, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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

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: *Barbara Henkhaus* DATE: 4/22/00 DAYTIME PHONE #: 407-830-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)