

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90220 028 \*\*\*150.00

NR25603 AVI

DOCUMENT # **P94000010404**

1. Entity Name  
**SHELburnE DESIGN GROUP, INC.**



Principal Place of Business

~~224 DATURA ST~~  
~~#605~~  
**WEST PALM BEACH FL 33401**  
US

Mailing Address

~~224 DATURA ST~~  
~~#303~~  
**WEST PALM BEACH FL 33401**  
US

2. Principal Place of Business

**777 S. FLAGLER DR**  
Suite, Apt. #, etc.  
**114**

3. Mailing Address

**777 S. FLAGLER DR**  
Suite, Apt. #, etc.  
**114**

City & State

**WEST PALM BCH, FL**  
Zip **33401** Country **US**

City & State

**WEST PALM BCH, FL**  
Zip **33401** Country **US**

4. FEI Number

**65-0467514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERDMANN, ELIZABETH E**  
**275 BARCELONA ROAD**  
**WEST PALM BEACH FL 33401**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ERDMANN, ELIZABETH E</b>
STREET ADDRESS	<b>275 BARCELONA ROAD</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ERDMANN, PETER</b>
STREET ADDRESS	<b>275 BARCELONA ROAD</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERDMANN, ELIZABETH E**

**4/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)