

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90041 002 \*\*\*150.00

**DOCUMENT # P94000080783**

1. Entity Name  
**SHADDIX MANAGEMENT CO.**

Principal Place of Business  
**1275 BEVILLE RD.  
 DAYTONA BEACH FL 32119**

Mailing Address  
**1275 BEVILLE RD.  
 DAYTONA BEACH FL 32119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3275978**

Applied 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**

**SHADDIX, STEVEN L  
 1275 BEVILLE ROAD  
 DAYTONA BEACH FL 32119**

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.

SIGNATURE

(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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	DPS	<input type="checkbox"/> Delete
NAME	SHADDIX, STEVEN L	
STREET ADDRESS	1275 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WONTENAY, DIANNE N	
STREET ADDRESS	398 CHINOOK CR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, SHARLENE	
STREET ADDRESS	855 PINE FOREST TR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **William Spawley Shaddix** 1-29-02 386 769521  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001-555-100

CR2E034 (9/01)