

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90110 033 ***550.00

0123689 AT

DOCUMENT # P95000041066

1. Entity Name
SHIRDEW, INC.



Principal Place of Business
2191 BONNETT POND RD
CHIPLEY FL 32428
US

Mailing Address
2191 BONNETT POND RD.
CHIPLEY FL 32428
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0589048

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

MILLER, CYNTHIA C
110 SE 6 ST
FT LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	SHIRLEY B. CULBRETH	
CITY-ST-ZIP	2191 BONNETT POND RD.	
	OAKLAND PARK FL 32428	
TITLE - NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	CULBRETH, DEWEY	
CITY-ST-ZIP	2191 BONNETT POND RD.	
	CHIPLEY FL 32428	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Shirley B. Culbreth* **SIGNATURE REQUIRED** *Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-03 - 750.

Date Daytime Phone #

CR2E034 (4/03)