

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 045 \*\*\*558.75

**DOCUMENT #** P95000047369

1. Entity Name

SHENANDOAH GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

Zip

32931

Country

USA

4. FEI Number

59-3362743

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Thomas J. McMullen, Jr.

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

2109 E. Palm Avenue

Suite 206

City

Tampa,

FL

Zip Code

33605

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.  
(See criteria on back)

☐

January 1st May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	VD
NAME	McMullen, Thomas J, Jr.
STREET ADDRESS	2109 E. Palm Avenue, #206
CITY - ST - ZIP	Tampa, FL 33605
TITLE	PD
NAME	McPhillips, Michael
STREET ADDRESS	5505 N. Atlantic Ave., #115
CITY - ST - ZIP	5505 N. Atlantic Ave., #115
TITLE	VD
NAME	McPhillips, Jacqueline
STREET ADDRESS	5505 N. Atlantic Ave., #115
CITY - ST - ZIP	Cocoa Beach, FL 32931
TITLE	VD
NAME	Kincaid, James
STREET ADDRESS	5505 N. Atlantic Ave., #115
CITY - ST - ZIP	Cocoa Beach, FL 32931
TITLE	
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STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Kincaid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02

Date

321-799-4090

Daytime Phone #

CR2E034B (12/01)