DOCUMENT # P9600034183  1. Entity Name  SHELBY DEVELOPMENTS, INC.								Fram	6 A 17"	- (-)	
							Laces Laces Laces				
	·							OO MA	Y - 1 - A	M IO: 19	}
Principal Place of Business Mailing Address				•							
2825 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL 33065		SUN	2825 UNIVERSITY DR SUITE 300 CORAL SPRINGS FL 33065-1441				SEUWETHE / LI STATE TALLAHASSES FLORIDA				
2. Principal Pl	lace of Business	3. N	3. Mailing Address			_					
Suite, Apt. #, etc.		   S	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		C	City & State	_		4. FEIN	lumber	65-066343	32		plied For
Zip	Country	Z	Zip	Coun	try	5. Certii	ficate of S	Status Desired	₩ :	\$8.75 Add	litional
	6. Name and Address o	f Current Regist	tered Agent		,	7. Name	e and Ad	dress of New			<u> </u>
				:	Name						
SIMON, ERIC A 2825 UNIVERSITY DR					Street Addres	ss (P.O. Box N	lumber is	Not Acceptab	le)		
SUIT	E 300										
COR	AL SPRINGS FL 33065				City				FL	Zip Cod	e
R The above	named antih, auhmita thia at										
o. The above	named entity submits this so	atement for the p	urpose of changing it	s registere	ed office or regis	stered agent, i	or both, ir	n the State of F	lorida.		
SIGNATURE _  9. This corpo Tax filing re	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do	Intangible	FILE NOW	ITE: Registered IIII FEE	d Agent signature requirements \$150.00 will be \$550.0	uired when reinstati	ng) O. Electio	on Campaign F Fund Contributi	DATE		<b>0</b> May Be
9. This corpo Tax filing to (See criter	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)	istered agent and title if	FILE NOW After MAY 1, 2 Make Check Paya	ITE: Registered IIII FEE	d Agent signature requirements \$150.00 will be \$550.0	uired when reinstati	ng)  O. Election  Trust F	on Campaign F	DATE financing on.	Added	I to Fees
9. This corpo Tax filing re (See criter 1). TILLE NAME STREET ADDRESS	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  OFFICE  PD  SHELLEY, ROBERT  2825 UNIVERSITY DR	instered agent and title if  Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya	ITE: Registered  /!!! FEE  2000 Fee  able to De  12.  TITLE  NAM  STRE	d Agent signature required in the state of t	uired when reinstati	ng)  O. Election  Trust F	on Campaign F fund Contributi	DATE financing on.	Added	I to Fees
SIGNATURE _  9. This corpo Tax filing re	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  OFFICE  PD  SHELLEY, ROBERT  2825 UNIVERSITY DR  CORAL SPRINGS FL 33  DVST  SIMON, ERIC A  2825 UNIVERSITY DR	Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya	VIII FEE 2000 Fee Lible to De 12. Title NAM STRE CITY TITLE NAM STRE	d Agent signature requirements of Statement of Statements	10 State	ng)  D. Election Trust F  ONS/CH	on Campaign F fund Contributi	DATE inancing on.	DIRECTOR: ☐ Change	S IN 11
9. This corpo Tax filing re (See criter 1). THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  PD SHELLEY, ROBERT 2825 UNIVERSITY DR CORAL SPRINGS FL 33 DVST SIMON, ERIC A 2825 UNIVERSITY DR CORAL SPRINGS FL 33 VP MYERSON, JOSEPH 2825 UNIVERSITY DR	Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya CTORS  Delete	VIII FEE VIII FEE VIII FEE VIII FEE VIII FEE VIII VIII VIII VIII VIII VIII VIII VI	d Agent signature required in the state of t	10 State ADDIT	ng)  D. Election Trust F  ONS/CH	on Campaign F Fund Contributi ANGES TO OF	DATE inancing on.	DIRECTOR: ☐ Change	S IN 11
9. This corporate filing response (See criter 1).  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  OFFICE  PD  SHELLEY, ROBERT  2825 UNIVERSITY DR  CORAL SPRINGS FL 33  DVST  SIMON, ERIC A  2825 UNIVERSITY DR  CORAL SPRINGS FL 33  VP  MYERSON, JOSEPH	Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya CTORS Delete	VIE Registered VIII FEE VOOO Fee LIDE to De LITITE NAM STRE CITY TITLE NAM STRE CITY	d Agent signature requirements of \$  E E E T ADDRESS -ST-ZIP  E E E T ADDRESS -ST-ZIP  E E E T ADDRESS -ST-ZIP	10 State ADDIT	ng)  D. Election Trust F  ONS/CH	on Campaign F Fund Contributi ANGES TO OF	DATE inancing on.	Addec  DIRECTOR: □ Change □ Change □ 14 - □ 0; ****15;	S IN 11 Addition Addition
9. This corpo Tax filing re (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  PD SHELLEY, ROBERT 2825 UNIVERSITY DR CORAL SPRINGS FL 33 DVST SIMON, ERIC A 2825 UNIVERSITY DR CORAL SPRINGS FL 33 VP MYERSON, JOSEPH 2825 UNIVERSITY DR	Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya CTORS Delete Delete	VIII FEE VOOD Fee Able to De TITLE NAM STRE CITY	d Agent signature required in the state of t	10 State ADDIT	ng)  D. Election Trust F  ONS/CH	on Campaign F Fund Contributi ANGES TO OF	DATE inancing on.	Addect DIRECTOR: Change Change  Change Change Change	Addition  Addition  Addition
9. This corporate for the street address city-st-zip title name	Signature, typed or printed name of regoration is eligible to satisfy its equirement and elects to do ria on back)  PD SHELLEY, ROBERT 2825 UNIVERSITY DR CORAL SPRINGS FL 33 DVST SIMON, ERIC A 2825 UNIVERSITY DR CORAL SPRINGS FL 33 VP MYERSON, JOSEPH 2825 UNIVERSITY DR	Intangible so.  CERS AND DIRECT	FILE NOW After MAY 1, 2 Make Check Paya CTORS Delete Delete	VIE Registered  VIII FEE  VIII FEE  VIII FEE  VIII FEE  VIII VIII VIII VIII VIII VIII VIII V	d Agent signature required is \$150.00 will be \$550.0 expartment of \$150.00 expartment of	10 State ADDIT	ng)  D. Election Trust F  ONS/CH	on Campaign F Fund Contributi ANGES TO OF	DATE inancing on.	Addec   DIRECTOR:   Change   Change	Addition  Addition  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/26/00

954-157-9300

Daytime Phone #