FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2001 8:00 am DOCUMENT # P9600036839 Secretary of State 1. Entity Name SHELEW, INC. 05-02-2001 90011 041 ***150.00 Principal Place of Business Mailing Address 8406 THERESA RD 8406 NHERESA RD BOYNTON BEACH FL 33437 2. Principal Place of Business 3. Mailing Address ٤ ٥ططعا 0 0 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0662701 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHELHAMER, DONALD R Street Address (P.O. Box Number 8406 THERESA RD BOYNTON BEACH FL 33437 8. The above named entity Automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE LEWIS, ALAN NAME NAME 6660 E. Calum STREET ADDRESS STREET ADDRESS 8406 THERESA ROAD CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33437 Delete TITLE ☐ Change TITLE SHELHAMER, DONALD-R NAME NAME STREET ADDRESS 8406 THERESA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33437 aton F1 3348 ☐ Addition Delete TITLE ☐ Change TITLE SHELHAMER, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 6075.188TH TRAIL N CITY-ST-ZIP CITY-ST-ZIF LOXAHATCHEE FL 33470 TITLE Delete TITLE ☐ Change ☐ Addition RESO, STEPHEN J I STREET ADDRESS STREET ADDRESS 7601 HOLLINGTON PL CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP 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.