

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051491

1. Entity Name
SHANAIS, INC.

Principal Place of Business
3300 BONITA BEACH BLVD
SUITE 138
BONITA SPRINGS FL 33923
US

Mailing Address
600 GOODLETTE ROAD N.
#104
NAPLES FL 33940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0669363

Applied For
Not Applicable

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

FIORINI, RICHARD J
1351 CURLEW AVE.
#104
NAPLES FL 33940

Name
Street Address (P.O. Box Number is Not Acceptable)
3461 3RD AVE NW
City NAPLES FL Zip Code 34120

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, 2001 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
NAME PVST
STREET ADDRESS FIORINI, RICHARD J
CITY-ST-ZIP 1351 CURLEW AVE, #104
NAPLES FL 33940 ☐ Delete

TITLE
NAME
STREET ADDRESS 3461 - 3RD AVE. N.W
CITY-ST-ZIP NAPLES, FL. 34120 ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS WATSON, HELEN
CITY-ST-ZIP 600 GOODLETTE RD N, #104
NAPLES FL 33940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Helen Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 941-263-0829
Date Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90241 001 ***300.00

20040



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)