## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State P96000064580 DOCUMENT # 1. Entity Name 05-21-2002 91143 040 \*\*\*150.00 SHATTO, INC. Principal Place of Business Mailing Address P.O. BOX 47934 5001-20TH AVE N ST. PETERSBURG FL 33743-7934 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3418764 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'DELL, SHARON S Street Address (P.O. Box Number is Not Acceptable) 5001-20TH AVE N ST PETERSBURG FL 33710 Zip Code City 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, typed or printed name of registered agent and title if 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, 2002 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. Change TITLE ☐ Delete TITLE **PDS** NAME NAME O'DELL, SHARON S STREET ADDRESS STREET ADDRESS 5001-20TH AVE N CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE VDT NAME NAME O'DELL, ROBERT P STREET ADDRESS STREET ADDRESS 5001 20TH AVE NO CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL Addition ☐ Change ☐ Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: AND SOURCE SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #