

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90106 034 ***150.00

DOCUMENT # P96000071087

1. Entity Name
SHIBUMI INC.

Principal Place of Business 35246 US 19 NORTH #182 PALM HARBOR FL 34684 US	Mailing Address 35246 US 19 NORTH #182 PALM HARBOR FL 34684-1931 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4103 129th ST. WEST Suite, Apt. #, etc.	3. Mailing Address 4103 129th ST. WEST Suite, Apt. #, etc.
City & State CORTEZ, FL	City & State CORTEZ, FL
Zip 34215	Country FLORIDA
Zip 34215	Country FLORIDA

4. FEI Number 75-2671838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, MAX
35246 US 19 NORTH
#182
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name: **MAX Miller**
 Street Address (P.O. Box Number is Not Acceptable): **4103 129th ST. WEST**
 City: **CORTEZ** FL Zip Code: **34215**

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: **MAX Miller, PRES.** *Max Miller* DATE: **4/1/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MILLER, MAX 35246 US 19 NORTH #182 PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MILLER, REBECCA 35246 US 19 NORTH #182 PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4103 129th ST WEST CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4103 129th ST WEST CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Max Miller* **MAX Miller, PRES.** DATE: **4/1/00** (941) **761-1757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR