

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000071087**

1. Entity Name  
**SHIBUMI INC.**

Principal Place of Business 184 EDGE OF WOODS RD.  ST. AUGUSTINE FL 32084 US	Mailing Address 184 EDGE OF WOODS RD.  ST. AUGUSTINE FL 32084 US
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2. Principal Place of Business 184 EDGE OF WOODS RD.	3. Mailing Address 184 EDGE OF WOODS RD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
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Zip 32092	Country US	Zip 32092	Country US
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4. FEI Number <b>75-2671838</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MILLER MAX**  
**4103 -129TH ST W.**

**CORTEZ** FL  
**34215** US

**7. Name and Address of New Registered Agent**

Name  
**MILLER MAX**

Street Address (P.O. Box Number is Not Acceptable)  
**184 EDGE OF WOODS ROAD**

City  
**ST. AUGUSTINE FL** Zip Code  
**32092**

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 \_\_\_\_\_ DATE **01/06/2001**

Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER REBECCA 4103 -129TH ST W. CORTEZ FL 34215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER MAX 4103 -129TH ST W. CORTEZ FL 34215 <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
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	V MILLER REBECCA 184 EDGE OF WOODS ROAD ST. AUGUSTINE FL 32092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER MAX 184 EDGE OF WOODS ROAD ST. AUGUSTINE FL 32092 <input checked="" 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
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 Pres Date 01/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)