## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P96000085719 **DOCUMENT #**

1. Entity Name

GREG SHAMBLIN CONSTRUCTION, INC.



May 05, 2003 8:00 am Secretary of State

05-05-2003 90230 027 \*\*\*150.00

Principal Place of Business   1708 FOX WAY TR RIVERVEW FL 33569								TESS						
Suite, Apt. e. etc.   Suite, Apt. e. etc.   Suite, Apt. e. etc.   City & State   A FEI Number 59-3397687   Applicable For Not Applicable   A FEI Number 59-3397687   Applicable For Not Applicable   A FEI Number 59-3397687   Additional Presentation   A FEI Number 59-3397687   A FEI Number 59-339768   A FEI Number 59-339768   A FEI Number 59-3397687   A FEI Number 59-339768   A FEI Number 59-	12708 FOX WAY TR			12708 FOX WAY TR										
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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Set 75 Additional Fee Required Report   Set 75 Additional Fee Report	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
Secondary   Seco	City & State			City & State				<b>4.</b> F	59-3397687					
SHAMBLIN, GREG 12708 FOX WAY TR RVERVIEW FL 33569  City FL Zip Code  6. The above nemed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE MOW!! FEL IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11  NAME  SIGNABLIN, GREG  SHAMBLIN, GREG  SHAMBLIN, GREG  SHAMBLIN, TRACIE  1708 FOX WAY TR  RVERVIEW FL 33569  ITILE  Defete  WILE  Defete  SHET MORESS  CITY-51-2P  TILE  MAKE  SIRET MORESS  CITY-51-2P  TILE  MAKE  MAKE  SIRET MORESS  CITY-51-2P  TILE	Zip			Zip - Coun			try					8:75 Ac	Iditional	
SHAMBLIN, GREG 12708 FOX WAY TR RIVERVIEW FL 33569  City  City  FL  Zin Code  City	<del></del>	6. Name	and Address of Current	Register	ed Agent	·			7. N	ame and Address of New Re				
12708 FOX WAY TR RIVERVIEW FL 33569  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forrida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    Signature														
RIVERVIEW FL 33569  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							Street Ac	dress (P.	ess (P.O. Box Number is Not Acceptable)					
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 Fiorida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	1 - 7													
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR DIRECTOR