FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # P96000089811 1. Entity Name 01-23-2002 90003 017 \*\*\*150 00 SHANLOCK, INC. Principal Place of Business Mailing Address 5300 POWERLINE ROAD UNIT 100 5300 POWERLINE ROAD UNIT 100 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0706042 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 413A BICHARD H BREIT, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 31000 STIRLING ROAD YJOI MEST OUKIUND BURK FORT LAUDERDALE FL 33312 Zip Code 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. *30UAH*2 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9.3 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE CR2E034 (9/01) ☐ Delete BOTSBAIC Change - Addition DAWSON, WILLIAM A. NAME DAWSON, WILLIAM R NAME 5300 POWERLING ROAD, UNIT 100 STREET ADDRESS 5300 POWERLINE ROAD UNIT 100 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33309 CITY-ST-7/P FORT LAUDERDALE, FL 33309 TITLE ☐ Delete TITLE 7 03 01 23 R9 ■ Change ☐ Addition NAME SHAUGHNESSY, BRIAN NAME URIAB, PESSUHOWAR STREET ADDRESS STREET ADDRESS 5300 POWERLINE RD, UNIT 100 5300 POWERLING ROAD, UNIT 100 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 FORT LAUDERDALE, TL 33309 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



BRIAN SHAUGHNESSY