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

## **DOCUMENT #**

P96000093795

1. Entity Name SHOALS, INC.



FILED § EXAMPLE 12, 2003 8:00 am EXECTED Secretary of State 03-12-2003 90078 005 \*\*\*150.00

Suite, Apt. #, etc.   Suite   Chry & State   Chry & C	Principal Place of Business 4017 - 43RD STREET SOUTH ST. PETERSBURG FL 33711		Mailing Address 4017 - 43RD STREET SOUTH ST. PETERSBURG FL 33711						
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address				// <b>         </b>	1 (819) QUU (44)	
Country   Stp   Country   Stp   Country   St   Certificate   Status Destroid   State Apoltocable   Fee Plagued   Street Apoltocable   Street Apo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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Size Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	COLIOLA CARLE				Name				
SIGNATURE	-		Street Address (P.		Address (P.O. E	O. Box Number is Not Acceptable)			
S. 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. I am familiar with, and accept the obligations or registered agent, and before the obligations or registered agent. The State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with and accept the state of Florida. I am fami		¥2.*							
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After May 1, 2003 Fee will be \$55,000 May Be Added to Fees Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	ture required when r	reinstating)	DATE	<del></del>	
Make Check Payable to Florida Department of State  10.	FI	LE NOW!!! FEE IS \$150.00							
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TELL CHOICES, COME, THE PROPERTY OF THE PROPER		ertify that the information supplied with	this filing does not qualify for the		L ted in Section	119 07(3)(i) Florida Statutae Lifurth	er certify that the	information	

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:**