

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90202 001 ***150.00
01-10-2003 90202 002 *****8.75

DOCUMENT # P97000037831



1. Entity Name
KEN SHAMBLIN BUILDERS, INC.

Principal Place of Business
**1401 BELL SHOALS ROAD
BRANDON FL 33511**

Mailing Address
**P.O. BOX 1187
MANGO FL 33550**

2. Principal Place of Business

3. Mailing Address

1401 Bell Shoals Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon, FL

Zip

Country

33511

Country

Hillsborough

4. FEI Number **59-3447289**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELDRIDGE, GEORGE T
11509 EAST DR. M.L. KING JR. BLVD.
MANGO FL 33550**

Name **Sharon Lee Shamblin**
Street Address (P.O. Box Number is Not Acceptable)
1401 BELL SHOALS ROAD
City **Brandon** FL Zip Code **33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Sharon Lee Shamblin**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-08-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **SHAMBLIN, STEPHEN**
STREET ADDRESS **8007 LITTLE ROAD**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SHAMBLIN, KENNETH**
STREET ADDRESS **113 GOLDENWOOD DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SHAMBLIN, SHARON**
STREET ADDRESS **113 GOLDENWOOD DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ELDRIDGE, GEORGE**
STREET ADDRESS **11509 E. DR. M.L.K. BLVD.**
CITY-ST-ZIP **MANGO FL 33550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Sharon Lee Shamblin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-03 (813) 685 9046

CR2E034 (10/02)