

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90014 006 \*\*\*550.00

DOCUMENT # **P97000086572**

1. Entity Name  
**SHUM, INC.**

Principal Place of Business <b>3 WEST 9 MILE RD          NO. 2          PENSACOLA FL 32514          US</b>	Mailing Address <b>3 WEST 9 MILE RD          NO. 2          PENSACOLA FL 32514          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3 WEST NINE MILE RD</b> Suite, Apt. #, etc. <b>12</b>	3. Mailing Address <b>3 WEST NINE MILE RD</b> Suite, Apt. #, etc. <b>12</b>
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City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>
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4. FEI Number **59-3493509** Applied For  Not Applicable

Zip <b>32534</b>	Country <b>U.S.A.</b>	Zip <b>32534</b>	Country <b>U.S.A.</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHUM, CHOUNG T**  
**3 WEST 9 MILE RD**  
**PENSACOLA FL 32514**

7. Name and Address of New Registered Agent  
 Name **SHUM, CHOUNG T**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3 WEST NINE MILE RD STE 12**  
 City **PENSACOLA FL** Zip Code **32534**

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 **CHOUNG T. SHUM** **9-11-01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when president)

9. This corporation is eligible to satisfy its intangible filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PO SHUM, CHOUNG T 7856 CORONET DR PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V SHUM, LINDA F 7856 CORONET DR PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 **LINDA SHUM** **9-11-01 850-477-2630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IV 9521110  
 CRE034 (5/01)