

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105013

1. Entity Name
SHREDDERMAN, INC.Principal Place of Business
7001 S.W. 21ST PLACE
DAVIE FL 33317

Mailing Address

7001 S.W. 21ST PLACE
DAVIE FL 333172. Principal Place of Business
6312 VIA VENETIA N.3. Mailing Address
6312 VIA VENETIA N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FLCity & State
DELRAY BEACH, FLZip
33484Country
USAZip
33484Country
USA

4. FEI Number

65-0804016

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, JEFFREY
7001 S.W. 21ST PLACE
DAVIE FL 33317

Name

DIAMOND, JEFFREY

Street Address (P.O. Box Number is Not Acceptable)

6312 VIA VENETIA N.

City

DELRAY BEACH

FL

Zip Code
33484

7. Name and Address of New Registered Agent

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

Jeff Diamond JEFF DIAMOND PRES.

3/8/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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CITY-ST-ZIP Change AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 040 ***150.00