

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90059 001 ***300.00

DOCUMENT # P97000106686

1. Entity Name
SHADDIX HOLDING COMPANY

Principal Place of Business 1275 BEVILLE ROAD #1200 DAYTONA BEACH FL 32119	Mailing Address 1275 BEVILLE ROAD #1200 DAYTONA BEACH FL 32119-1528
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3484168		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SHADDIX, STEVEN L 1275 BEVILLE RD DAYTONA BEACH FL 32119				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHADDIX, WILLIAM O II			NAME			
STREET ADDRESS	1 DEER MOSS TRAIL			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, SHARON S			NAME			
STREET ADDRESS	7611 TIMBERLY COURT			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, SHARLENE S			NAME			
STREET ADDRESS	686 FERCLIFF DR			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHADDIX, MADELINE E			NAME			
STREET ADDRESS	6 HOMAN TERRACE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHADDIX, STANLEY W			NAME			
STREET ADDRESS	2130 OLD DAYTONA ROAD			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHADDIX, STEVEN L			NAME			
STREET ADDRESS	2410 SE 29TH STREET			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			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: Sharlene S. Fox (Sharlene S. Fox) 1/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #