

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90243 001 ***300.00

DOCUMENT # P97000106686
 1. Entity Name
SHADDIX HOLDING COMPANY

Principal Place of Business Mailing Address
1275 BEVILLE ROAD #1200 **1275 BEVILLE ROAD #1200**
DAYTONA BEACH FL 32119 **DAYTONA BEACH FL 32119**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3484168** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

25000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHADDIX, STEVEN L
1275 BEVILLE RD
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent
 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 _____ (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, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHADDIX, WILLIAM O II	
STREET ADDRESS	1 DEER MOSS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, SHARON S	
STREET ADDRESS	7811 TIMBERLY COURT	
CITY-ST-ZIP	MCLEAN VA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOX, SHARLENE S	
STREET ADDRESS	686 FERCLIFF DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHADDIX, MADELINE E	
STREET ADDRESS	6 HOMAN TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHADDIX, STANLEY W	
STREET ADDRESS	2130 OLD DAYTONA ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHADDIX, STEVEN L	
STREET ADDRESS	2410 SE 29TH STREET	
CITY-ST-ZIP	OCALA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Steven L Shaddix* Date: **1/12/01** Daytime Phone #: **352 245 1196**

CR2E034 (10/00)