

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90351 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

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**

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 *[Signature]*

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 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 IN 11

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	7611 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	

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	
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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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 1/24/02

Date

352
 6209122

Daytime Phone #

CR2E034 (9/01)