# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000065572

1. Entity Name

SHANOLINE, INCORPORATED

REINSTATEMENT 03

900025307658

12/08/03--01013--020 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1011 SINGER DR<br>Suite, Apt. #, etc. | 1011 SINGER DR<br>Suite, Apt. #, etc. |
| City & State: RIVIERA BCH, FL | City & State: RIVIERA BCH, FL |
| Zip: 33404 Country: USA | Zip: 33404 Country: USA |

4. FEI Number: 65 0861758 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: SHANNON CAKE

Street Address (P.O. Box Number is Not Acceptable): 1011 SINGER DR

City: RIVIERA BCH FL Zip Code: 33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SHANNON CAKE, V/S (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: NOV. 25, 2003

January 1 - May 1 Fee is $550.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CAROLINE SAN JUAN = P/T<br>1401 DOUBLE EAGLE CIRCLE<br>BELLEVILLE, IL 62220 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SHANNON CAKE = VP/S<br>1011 SINGER DR.<br>RIVIERA BCH FL 33404 |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: = CAROLINE SAN JUAN 11/24/3 618-236-6582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J