FILED

2003 FOR PROFIT CORPORATION

DOCUMENT # P98000067255 1. Entity Name SHIRAH BUILDERS, INC.					Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90116 010 ***150.00	
Principal Place of Business 1951 W GRANADA BLVD. ORMOND BEACH FL 32174 US			Mailing Address 1951 W GRANADA BLVD. ORMOND BEACH FL 32174 US			(EGIN ENN VERN NERS BIRK DIN JEBI
Principal Place of Business 3. Mailing Address				<u> </u>		88118 81111 18618 11861 BITE BITE
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State			City & State		4. FE! Number 59-3529479	Applied For Not Applicable
Zip 	e Name	Country	Zip	- Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Regist	ered Agent
REVIS, JOHN C 648 SOUTH RIDGEWOOD AVENUE				Street Address	Street Address (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32114						
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent				City		FL Zip Code
~ After	ILE NOW!! r May 1, 200	or printed name of registered agent a 1 FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		E: Registered Agent signature requir	9. Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees
10.		OFFICERS AND (1	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
TITLE VAME STREET ADDRESS DITY-ST-ZIP	PD SHIRAH, J. 1951 W. G ORMOND E	STANLEY RANADA BLVD. BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE IAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
ITY=ST-ZIP* ITLE AME TREET ADDRESS	<u> </u>		☐ Delete	CITY-ST-ZIP SOME TITLE NAME STREET ADDRESS		. Change Addition
ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
TLE AME TREET ADDRESS	<u> </u>		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP			□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
2. I hereby control indicated	oration or the or on an attac	receiver or trustee empowhent with an address, wh	is filing does not qualify for the and accurate and that me even to execute this report a the other like empowered. REREQUIR WEED NAME OF SIGNING OFFICER OF	s required by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; the r, Florida Statutes; and that my name appea Date	certify that the information at I am an officer or director is in Block 10 or Block 11 if

Daytime Phone #