

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000015105

FILED
Feb 28, 2002 8:00 AM
Secretary of State

Entity Name: SHINGLE CARE SYSTEMS, INC.

Current Principal Place of Business:

5324 LAZY OAKS LANE
ORLANDO, FL 328392037

New Principal Place of Business:

Current Mailing Address:

5324 LAZY OAKS LANE
ORLANDO, FL 328392037

New Mailing Address:

FEI Number: 59-3565126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUCKER, RANDOLPH H
302 S HAMPTON AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

RUCKER, RANDOLPH H
5324 LAZY OAKS LANE
ORLANDO, FL 328392037 US

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: RANDOLPH H. RUCKER

02/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUCKER, RANDOLPH H
Address: 302 S HAMPTON AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUCKER, RANDOLPH H
Address: 5324 LAZY OAKS LANE
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH H. RUCKER

P

02/28/2002

Electronic Signature of Signing Officer or Director

Date