


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 004 ***150.00

DOCUMENT # P99000015105	
1. Entity Name SHINGLE CARE SYSTEMS, INC	

DO NOT WRITE IN THIS SPACE

24021447

2. Principal Place of Business 102 DRENNEN ROAD	3. Mailing Address SAME
Suite, Apt. #, etc. SUITE A-4	Suite, Apt. #, etc. "
City & State ORLANDO, FL	City & State "
Zip 32806	Country "

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name RANDOLPH A RUCKER	
	Street Address (P.O. Box Number, if applicable) 5324 LAZY ONE LANE	
	City ORLANDO	Zip 32806

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00

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	PRESIDENT RANDOLPH A RUCKER 102 DRENNEN ROAD SUITE A-4 ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: **Randolph A Rucker, RANDOLPH A. RUCKER, PRESIDENT 3/10/04 407-823-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)