2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000021880

Entity Name: SHUTTER ENTERPRISES GROUP, INC.

FILED Mar 03, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10601 OAK ST., N.E. ST. PETERSBÚRG, FL 33716 **Current Mailing Address: New Mailing Address:** 10601 OAK ST., N.E. ST. PETERSBÚRG, FL 33716 FEI Number: 59-3568736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVY, BUDDY J LEVY, BUDDY J 7439 E. HILLSBOTOUGH AVE. 2109 PALM AVENUE TAMPA, FL 33610 SUITE 203 TAMPA, FL 33605 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: 03/03/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VALVERDE, DON Name: Name: 2109 E PALM #203 Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COFFILL, JOHN Name: 2109 E PALM #203 Address: Address: TAMPA, FL 33605 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LOMBARDO, BELINDA Name: Name: 10601 OAK STREET NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition CONLEN, LYNN Name: Name: Address: 10601 OAK STREET NE Address: City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN COFFILL PRES 03/03/2003

NEWELL, KATHLEEN

7006 HALIFAX COURT

TAMPA, FL 33615

Name:

Address: City-St-Zip: