

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068421**

1. Entity Name

CORKSCREW SHAREHOLDERS, INC.**FILED****Apr 14, 2000 8:00 am**
Secretary of State

04-14-2000 90113 043 ***150.00

Principal Place of Business Mailing Address
--- **KENWOOD LANE** **12734 KENWOOD LANE**
--- **35** **STE 35**
--- **MEYERS FL 33907** **FT MEYERS FL 33907-5639**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARROL, JAMES 12734 KENWOOD LANE STE 35 FT MEYERS FL 33907		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	President and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	James Carroll
STREET ADDRESS		STREET ADDRESS	12734 Kenwood Lane, Suite #35
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Louis S. Beck
STREET ADDRESS		STREET ADDRESS	8534 E. Kemper Road
CITY-ST-ZIP		CITY-ST-ZIP	Cincinnati, OH 45249-1709
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Todd Carroll
STREET ADDRESS		STREET ADDRESS	12734 Kenwood Lane, Suite #35
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Harry Yeaggy
STREET ADDRESS		STREET ADDRESS	8534 E. Kemper Road
CITY-ST-ZIP		CITY-ST-ZIP	Cincinnati, OH 45249-1709
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jeffrey R. Garvin
STREET ADDRESS		STREET ADDRESS	2532 E. First Street
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)