2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Mailing Address 1439 Set 747H ST. WERRDAUE FI. 32195 Z. Principal Place of Business Suite, Ap.1. #, setc. Coy & State Coy &	1. Entity Nan	MENT # P9900 N C. SHELLEY REALTY, INC	00073190 c.					Secreta 02-11-2002	ary o	of St	ate	· 2
Surie, Apt. #, etc. Cry & State Cry & State Country Applicable A FEI Number 65-0940717 An Fei Number 65-0940717 An Fei Number See 7-0940717 An Fei Number See 7-0940717 An Fei Number See 7-0940717 See 8-0940717 An Fei Number See 7-0940717 See 8-0940717 An Fei Number See 7-0940717 An Fei Number See 8-0940717 An Fei Number See 9-0940717 An Fei Number See 8-0940717 An Address 6-09-00 Number of the Net Acceptable Port Fee Number See 9-09407 See 8-09407 An Address 6-09-00 Number of Net Acceptable Port Inter And Address 6-09-00 Number of Net Acceptable Port And Ac	14350 SE 170	лу эт.	P.O. BOX 599	D. BOX 599								
City & State City & State City & State City & State City & State City & State City & State City & State Country Zip Country St. Certificate of Status Desired St. 75 Additional Fee Toolphiol St. 75 Additional Fee Toolp	2. Principal Place of Business 3. Mailing Address											
Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, MICHAEL D 1645 PALM BEACH LAKES BLVD, SUITE 550 WEST PALM BEACH LAKES B	City & State		City & State			4.	CE_0040747					}
B. The above named entity submits this statement for the purpose of changing its registered Agent special registered Agent special properties and special proper		Country	Żip	Coun	try	5.	Certificate of	Status Desired				1
HARRIS, MICHAEL D 1645 PALM BEACH LAKES BLVD, SUITE 550 WEST PALM BEACH FL 33401 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Riling requirement and clocks to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Title NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE SAFET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP WEIRSDALE FL 32195 TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C STREET ADDRESS OTH ST. ZIP TITLE NAME SHELLEY, ROSELYN C SHEL		6. Name and Address of Current	Registered Agent		Name	7.	Name and A	ddress of New R				
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 Signa	1645 PALM BEACH LAKES BLVD, SUITE 550					ress (P.O.	Box Number	s Not Acceptable	2)			1
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SHELLEY, ROSELYN C PO BOX 599 WEIRSDALE FL 32195 CITY-51-2IP WEIRSDALE FL 32195 CITY-51-2IP TITLE ST NAME SHELLEY, ROSELYN C SIRECT ADDRESS CITY-51-2IP WEIRSDALE FL 32195 CITY-51-2IP TITLE NAME SHELLEY, ROSELYN C SIRECT ADDRESS CITY-51-2IP WEIRSDALE FL 32195 CITY-51-2IP TITLE NAME SHELLEY, ROSELYN C SIRECT ADDRESS CITY-51-2IP TITLE NAME SHELLEY, ROSELYN C SIRECT ADDRESS CITY-51-2IP TITLE NAME SIRECT ADDRESS CITY-51-2IP SIRECT ADDRESS CITY-5					City				FL	Zip Cod	de	1
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13. I hereby certify that the information supplied with this filling 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 | C | SHELLY | Plant | Plant | Plant | Plant | Plant | Statutes | Plant | Plant | Plant | Plant | Plant | Statutes | Plant |