

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90051 019 ***150.00

DOCUMENT # **P99000084038**

1. Entity Name

SHAMMY ISLAND INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12180 E. COLONIAL DR

Suite, Apt. #, etc.

3. Mailing Address

12180 E. COLONIAL DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

58-2493573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **RAMON - ANASAGASTI**

Street Address (P.O. Box Number is Not Acceptable)

12180 E. COLONIAL DR

City **ORLANDO**

FL

Zip Code

32826

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

Signature, typed or printed name of registered agent is not applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/18/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT / V.P. / T / S. / D**
NAME **RAMON D. ANASAGASTI**
STREET ADDRESS **12180 E. COLONIAL DR**
CITY - ST - ZIP **ORLANDO - FL 32826**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON D. ANASAGASTI
PRESIDENT

Date

4/18/02

Daytime Phone #

(407) 207-1294

CR2E034B (12/01)