

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90379 003 \*\*\*150.00

656049



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000096690

1. Entity Name  
SHA CONSULTING, INC.

Principal Place of Business  
350 CAMINO GARDENS BLVD., SUITE 300  
BOCA RATON FL 33432

Mailing Address  
350 CAMINO GARDENS BLVD., SUITE 300  
BOCA RATON FL 33432

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-0957220  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CAPPELLER, JOHN M JR.  
350 CAMINO GARDENS BLVD., SUITE 300  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
350 Camino Gardens Blvd. # 303  
City Boca Raton FL Zip Code 33432

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] DATE 1-22-01  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ADAMS, SCOTT H 350 CAMINO GARDENS BLVD., SUITE 300 BOCA RATON FL 33432  
[Delete]  
[Delete]  
[Delete]  
[Delete]  
[Delete]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]

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] Scott H. Adams President 4/23/01 561-981-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

May 16, 2001 8:00 am

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[Barcode]

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