

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90121 044 \*\*\*150.00

DOCUMENT # 533385  
1. Entity Name  
SHIRLEYGP INC

**DO NOT WRITE IN THIS SPACE**

**90056629**

2. Principal Place of Business  
2605 NW 63 RT ST  
Suite, Apt. #, etc.

3. Mailing Address  
2605 NW 63 RD ST  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL  
Zip  
33496  
Country  
USA

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BOCA RATON FL  
Zip  
33496  
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4. FEI Number  
59-3051876  
Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name JULES PEARLSTINE ESQUIRE  
Street Address (P.O. Box Number is Not Acceptable)  
2605 NW 6366 ST  
SUITE 301 - WEST BLDG  
City BOCA RATON FL FL Zip Code 33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE <u>D</u> NAME <u>GOODMAN, BRUCE</u> STREET ADDRESS <u>636 OLD YORK ROAD</u> CITY - ST - ZIP <u>JENKINTOWN, PA 19046</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce A. Goodman Bruce A. Goodman 3/11/03 215-8858383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #