2000	UNIFORM BUSIN	IESS REPO	RT (U	BR)				
DOCUMENT # S46963 1. Entity Name SHEVLIN INVESTMENTS, INC.					FILED Mar 30, 2000 8:00 am Secretary of State			
SHEVLIN	I INVESTMENTS, INC.			•		-		
Principal Place	e of Business	Mailing Address				03-30-2000 90032	2 008 ***150	.00
161 CAMDEN OR		161 CAMDEN DR						
		BAL HARBOR FL 33154-1328 US						
							H <b>ahan ahan ahan ah</b>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE		
City & State	e	City & State		4. FEI Number	65-0326351		plied For	
Zip Country		Zip Country				88.75 Add	t Applicable	
					5. Certificate of		Fee Require	
6. Name and Address of Current Registered Agent				me	7. Name and A	ddress of New Register	ou Agent	
SHEVLIN, BARRY T. 1111 KANE CONCOURSE			Stre	Street Address (P.O. Box Number is Not Acceptable)				
	HARBOR FL 33184			<u></u>				
			City	 V			FL Zip Cod	e
8. The above	named entity submits this statement for th	e purpose of changing its	registered offi	ce or register	ed agent, or both,			
	,		-					
SIGNATURE .	Signature, typed or printed name of registered agent and I	itle if applicable. (NOTI	E: Registered Agent	signature required	when reinstating)	DA	ле	
9. This corporation is eligible to satisfy its Intangible FILE NOW !!! FE					10. Elect	tion Campaign Financing	\$5.0	O May Be
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		te Trust	Fund Contribution.		to Fees	
11.	OFFICERS AND DIF		12.		ADDITIONS/C	HANGES TO OFFICERS		
title Name	PD   Shevlin, Arnold	🗆 Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY - ST - ZIP	161 CAMDEN DR BAL HARBOR FL 33154		STREET ADDR CITY-ST-ZIP					
TITLE	VSD	Delete	TITLE				Change	Addition
NAME STREET ADDRESS	SHEVLIN, SUSAN 161 CAMDEN DR		NAME STREET ADD	RESS				
CITY-ST-ZIP	BAL HARBOR FL 33154		CITY-ST-ZIP		<u></u>			
TITLE NAME			TITLE NAMÉ				🔲 Change	Addition
STREET ADDRESS			STREET ADD					
CITY-ST-ZIP TITLE		Delete	TITLE	·			Change	Addition
NAME			NAME STREET ADDI	pree				
STREET ADDRESS City-St-Zip			CITY-ST-ZIF					
TITLE		Delete	TITLE				🗌 Change	Addition
NAME STREET ADDRESS			STREET ADD					
CITY-ST-ZIP			CITY-ST-ZIF	·			Change	Addition
NAME			NAME				توبيدين يے	
STREET ADDRESS CITY - ST-ZIP			STREET ADD					
	certify that the information supplied with th on this report or supplemental report is tra- rporation or the receiver or using empower	is filing does not qualify fo	r the exemption	in stated in Se hall have the	ection 119.07(3)(i) same legal effect	, Florida Statutes. I furthe as is made under oath: th	r certify that the i at I am an officer	nformation or director
changed,	, or on an attachment with arradoress, with	pred to execute his report ni other like impowered	as required by	y Chapter 607	7, Florida Statutes;	and that my name appe		r Block 12 if
SIGNAT		TED NAME OF SIGNING OFFICER	OR DIRECTOR	·	7	Date	Daytime Phone #	