

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90007 043 \*\*\*150.00

**DOCUMENT # V32180**

1. Entity Name  
**SHADOW CAY INC.**

Principal Place of Business  
**406 ANCHORAGE DR  
 NORTH PALM BEACH FL 33408  
 US**

Mailing Address  
**406 ANCHORAGE DR  
 NORTH PALM BEACH FL 33408  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0343289**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIOFFI, JAMES A.  
 250 TEQUESTA DR.  
 SUITE 200  
 TEQUESTA FL 33469**

Name

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

City

**FL**

Zip Code

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 and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **D**  Delete  
**KEELOR, JANE D.**  
 STREET ADDRESS  
**406 ANCHORAGE DR**  
 CITY-ST-ZIP  
**NORTH PALM BEACH FL 33408**

TITLE  
 NAME **V. PRESIDENT**  Change  Addition  
**JOHN R. KEELOR JR.**  
 STREET ADDRESS  
**406 ANCHORAGE DR.**  
 CITY-ST-ZIP  
**NORTH PALM BEACH FL 33408**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:  **JOHN R. KEELOR JR.** Date: **3/10/01** Daytime Phone #: **561 948 4546**

CR2E034 (10/00)