

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90187 027 \*\*\*150.00

03/18/02 11 AM

**DOCUMENT # J66154**

1. Entity Name  
**SHOOTIN' SHACK, INC.**

Principal Place of Business <del>1065 SILVER BEACH ROAD #182</del> <del>RIVIERA BEACH FL 33403</del> <b>171 PINEWOOD CT.</b> <b>JUPITER, FL 33458</b>	Mailing Address <del>1065 SILVER BEACH ROAD #182</del> <del>RIVIERA BEACH FL 33403</del> <b>171 PINEWOOD CT.</b> <b>JUPITER, FL 33458</b>
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2. Principal Place of Business <b>171 PINEWOOD CT.</b> Suite, Apt. #, etc.	3. Mailing Address <b>171 PINEWOOD CT.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>JUPITER FL</b>	City & State <b>JUPITER FL</b>	4. FEI Number <b>59-2799559</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33458</b>	Country <b>PALM BEACH</b>	Zip <b>33458</b>	Country <b>PALM BEACH</b>

6. Name and Address of Current Registered Agent <b>SAAD, ROBERT D.</b> <del>1065 SILVER BEACH ROAD #182</del> <del>RIVIERA BEACH FL 33403</del> <b>171 PINEWOOD CT.</b> <b>JUPITER, FL 33458</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SAAD, ROBERT D.</b> <del>1065 SILVER BEACH RD #182</del> <del>RIVIERA BEACH FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>171 PINEWOOD CT.</b> <b>JUPITER, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert D. Saad* Date \_\_\_\_\_ (561) 744-3965 Daytime Phone #

CR2E034 (9/01)