

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420654

1. Entity Name

SHORE'S, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90440 001 ***150.00

Principal Place of Business

201-3 BROADWAY
KISSIMMEE FL 32741

Mailing Address

201-3 BROADWAY
KISSIMMEE FL 32741

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 59-1440201

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

SHORE, HELEN W.
201-3 BROADWAY
KISSIMMEE FL 32741

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 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 VS ☐ Delete
NAME CROSS, HELEN S.
STREET ADDRESS 502 MABBETTE ST.
CITY-ST-ZIP KISSIMMEE FL.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SHORE, HELEN W.
STREET ADDRESS 720 CANTERBURY LANE
CITY-ST-ZIP KISSIMMEE FL.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BOWMAN, ELIZABETH
STREET ADDRESS 2610 CIMARRON
CITY-ST-ZIP JOHNSON CITY TN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME FARMER, PAULA J
STREET ADDRESS 1009 NINTH COURT
CITY-ST-ZIP PLEASANT GROVE AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AVP ☐ Delete
NAME CROSS, GEORGE A
STREET ADDRESS 502 MABBETTE ST.
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Suzan Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

330-01 407-847-4727

CR2E034 (10/00)