2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 31, 2000 8:00 am Secretary of State DOCUMENT # **G30561** 1. Entity Name SOUTH SHORE ENTERPRISES, INC. 07-31-2000 90006 011 ***550.00 Principal Place of Business Mailing Address 3370 SW 15TH ST 3370 SW 15TH ST **DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2274888 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHORE, TERRY Street Address (P.O. Box Number is Not Acceptable) 3370 SW-15TH STREET-**DEERFIELD BEACH FL 33442** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its in tangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE TITLE ☐ Addition ☐ Defete NAME SHORE, TERRY NAME STREET ADDRESS STREET ADDRESS 3370 SW 15TH STREET CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHORE, VICKI NAME NAME STREET ADDRESS STREET ADDRESS 3370 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.