2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 17, 2001 8:00 am Secretary of State **DOCUMENT # G30561** 1. Entity Name SOUTH SHORE ENTERPRISES, INC. Mailing Address Principal Place of Business 3370 SW 15TH ST 3370 SW 15TH ST DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 บร 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 Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHORE, TERRY Street Address (P.O. Box Number is Not Acceptable) 3370 SW 15TH STREET **DEERFIELD BEACH FL 33442** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (10/00 Change PD ☐ Delete TITLE SHORE, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 3370 SW 15TH STREET CITY-ST-ZIF CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Change Delete TITLE VST TITLE SHORE, VICKI NAME STREET ADDRESS STREET ADDRESS 3370 SW 15TH ST DITY-ST-7P CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Delete Thange TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE DD F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 address, with all other like empowered. changed, or on an attachment,

Date

Daytime Phone #