2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90230 037 ***150.00

DOCUMENT # P02000109431

1. Entity Name
SHORE PROTECTION, INC.

Principal Place of Business	Mailing Address
27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983	27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
27161 Whitman Av.	27161 Whitman Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Harbor Heights Fl.	City & State: Harbor Heights Fla.
Zip: 33983 Country: USA	Zip: 33983 Country: USA.

4. FEI Number 50-0006558 ☐ 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
TIMMONS, DOUGLAS 27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMMONS, DOUGLAS 27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Douglas D. Timmons 27161 Whitman Av. Harbor Heights Fl. 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMMONS, JOAN 27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Joan M. Timmons 27161 Whitman Av. Harbor Heights Fl. 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMMONS, TROY 27161 WHITMAN AVENUE HARBOR HEIGHTS FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Troy D. Timmons 27161 Whitman Av. Harbor Heights Fl. 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/7/03 (941) 815-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #