

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059962

1. Entity Name

C-SHELL, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90122 023 ***150.00

Principal Place of Business

6101 S MCINTOSH RD
SARASOTA FL 34238
US

Mailing Address

6101 S MCINTOSH RD
SARASOTA FL 34238-2708
US

2. Principal Place of Business

875 SIESTA KEY CR.
Suite, Apt. #, etc.

3. Mailing Address

875 SIESTA KEY CR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0684467

Applied For

Not Applicable

Zip

34242

Country

U.S.A.

Zip

34242

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOOKY, WILLIAM A
2070 RINGLING BLVD.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

WILLIAM A. DOOLEY

Street Address (P.O. Box Number is Not Acceptable)

1432 First Street

City

SARASOTA

FL

Zip Code

34236

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS WITZER, STEPHEN A
CITY-ST-ZIP 875 SIESTA KEY CIRCLE
SARASOTA FL 34242

TITLE ☐ Delete
NAME D
STREET ADDRESS WITZER, MICHELLE D
CITY-ST-ZIP 875 SIESTA KEY CIRCLE
SARASOTA FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 346-2029 (941)

CR2E034 (9/99)