

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 009 ***550.00

DOCUMENT # P98000060661

1. Entity Name
SHELL ISLAND CONSTRUCTION, INC.

Principal Place of Business

**1709 SANDPEBBLE WAY
SANIBEL FL 33957**

Mailing Address

**P.O. BOX 206
SANIBEL FL 33957-0206**

2. Principal Place of Business

**12301 McGregor Palms Dr.
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 808
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Sanibel, FL

4. FEI Number

65-0848980

Applied For

Not Applicable

Zip

33908

Country

U.S.

Zip

33957

Country

U.S.

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

**MURTY, TIMOTHY J
1633 PERIWINKLE WAY SUITE A
SANIBEL FL 33957**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	COCHRANE, BRUCE A	
STREET ADDRESS	3057 WEST GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	HOGREFE, PETER L	
STREET ADDRESS	1709 SANDPEBBLE WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV Kotel, Steven W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12301 McGregor Palms Dr.	
STREET ADDRESS	Ft. Myers, FL 33908	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Peter L. Hogrefe

6/8/00

941 848 8694