

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 441401

1. Entity Name
SHORES WELDING AND FABRICATING, INC.

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

01-13-2000 90005 036 ***150.00

Principal Place of Business
1004 4TH STREET SOUTH
P. O. BOX 157
SAFETY HARBOR FL 34695

Mailing Address
1004 4TH STREET SOUTH
P. O. BOX 157
SAFETY HARBOR FL 34695-0157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1499482

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTERIO, VINCENT P.
~~1010 CHILLUM CT~~
SAFETY HARBOR FL 34699

Name

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

10519 LAKE WILLIAMS DRIVE

City

ODESSA

FL

Zip Code

33556

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALTERIO (VINCENT P)
STREET ADDRESS ~~1010 CHILLUM CT~~
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10519 LAKE WILLIAMS DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE D
NAME SHORES, CATHERINE M.
STREET ADDRESS 1331 SR #580 LOT 375
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

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

TITLE D
NAME ALTERIO, PATRICIA A
STREET ADDRESS ~~1010 CHILLUM CT~~
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10519 LAKE WILLIAMS DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 #

Patricia Alterio 1/6/00 727 726-8802

CR2E034 (9/99)