

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90240 009 \*\*\*150.00

**DOCUMENT # 441401**

1. Entity Name  
**SHORES WELDING AND FABRICATING, INC.**

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**

2. Principal Place of Business  
**10519 LAKE WILLIAMS DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10519 LAKE WILLIAMS DR**  
 Suite, Apt. #, etc.

City & State  
**ODESSA FLORIDA**

City & State  
**ODESSA FLORIDA**

Zip  
**33556**

Country  
**USA**

Zip  
**33556**

Country  
**USA**

4. FEI Number  
**59-1499482**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALTERIO, VINCENT P.**  
**10519 LAKE WILLIAMS DR**  
**ODESSA FL 33556**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ALTERIO (VINCENT P)</b>	
STREET ADDRESS <b>10519 LAKE WILLIAMS DR</b>	
CITY-ST-ZIP <b>ODESSA FL 33556</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SHORES, CATHERINE M.</b>	
STREET ADDRESS <b>1331 SR #580 LOT 375</b>	
CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>ALTERIO, PATRICIA A</b>	
STREET ADDRESS <b>10519 LAKE WILLIAMS DR</b>	
CITY-ST-ZIP <b>ODESSA FL 33556</b>	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *VINCENT P. ALTERIO* **1-8-02** **926-5176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)