## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 04, 2001 8:00 am Secretary of State **DOCUMENT # 483182** 1. Entity Name SHELL CONSTRUCTION CO. OF PALM BEACH COUNTY 05-04-2001 90093 025 \*\*\*150.00 Principal Place of Business Mailing Address 4500 PGA BLVD. 4500 PGA BLVD. SUITE 303A SUITE 303A WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418 3. Mailing Address 2. Principal Place of Business 4500 PGA Blvd. 4500 PGA Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 207 Suite 207 Applied For City & State City & State 4. FEI Number 59-1615110 Not Applicable Palm Beach Gardens, FL Palm Beach Gardens, \$8.75 Additional Zip 33418 Zip Country 5. Certificate of Status Desired 33418 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DiVosta, Otto B. DIVOSTA, OTTO B. Street Address (P.O. Box Number is Not Acceptable) 4500 PGA BLVD #400 4500 PGA Blvd., Suite 207 PALM BEACH GARDENS FL 33418 Zip Code City Palm Beach Gardens 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D XX Change ☐ Delete TITLE TITLE. Burg, Clifford F. NAME BURG, CLIFFORD F NAME 4500 PGA Blvd., #207 STREET ADDRESS STREET ADDRESS 4500 PGA BLVD. #303A Palm Beach Gardens, FL 33418 CITY-ST-ZIP CITY-ST-7IP PALM BCH.GARDENS FL ☐ Addition TITLE XX Change ☐ Detete TITLE DiVosta, Otto B. 4500 PGA Blvd., #207 NAME DIVOSTA, OTTO B. NAME STREET ADDRESS STREET ADDRESS 4500 PGA BLVD. #303A Palm Beach Gardens, FL 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BCH.GARDENS FL XX Change ☐ Addition TITLE TITLE ☐ Delete DiVosta, Betty J. 4500 PGA Blvd., #207 NAME NAME DIVOSTA, BETTY J. STREET ADDRESS STREET ADDRESS 4500 PGA BLVD. #303A Palm Beach Gardens, FL 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL xx Change ☐ Addition TITLE □ Delete TITLE Owen Jr., Jack B. NAME NAME OWEN JR, JACK B 4500 PGA Blvd., #207 STREET ADDRESS STREET ADDRESS 4500 PGA BLVD. #303A Palm Beach Gardens, FL 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-691-9050