

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706073

1. Entity Name
SHORELINE, INC. OF NAPLES

APPROVED
AND
FILED

02-25-2002 90075 037 ****61.25
706073

02 OCT 22 AM 10:02

Principal Place of Business

1692 GULF SHORE BLVD
NAPLES FL 33940
US

Mailing Address

745 12TH AVE S
SUITE D
NAPLES FL 33940
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1115818

Applied For

Not Applicable

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

MOORE PROPERTY MANAGMENT
745 12TH AVE S.
SUITE D
NAPLES FL 33940

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SWANSON, NANCY	1692 GULF SHORE BLVD NAPLES FL	<input type="checkbox"/> Delete	S/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ANSELMO, ARTHUR	1702 GULF SHORE BLVD NAPLES FL 34102	<input type="checkbox"/> Delete	P/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D SANTOS, YVONNE	1682 GULF SHORE BLVD NAPLES FL	<input checked="" type="checkbox"/> Delete	VP Scott Vallerga	1690 Gulfshore Blvd. N. NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	P Albert Liberman	1696 Gulfshore Blvd N. NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Art Anadmo
pres

2/11/02 941 262 5051