

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90129 025 \*\*\*\*61.25

**DOCUMENT # 713950**

1. Entity Name

**SHULL MANOR APARTMENTS, INC.**

Principal Place of Business

Mailing Address

713 E UNIVERSITY BLVD  
 MELBOURNE FL 32901  
 US

713 E UNIVERSITY BLVD  
 MELBOURNE FL 32901  
 US

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

**59-1233233**

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

**WELLS, W.O.  
 213 STONE ST.  
 COCOA FL 32922**

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.

**W.O. Wells, President**

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 ☐ Delete  
**VPC SHAW, AMIE**  
 STREET ADDRESS **200 S. BANANA RIVER BLVD**  
 CITY-ST-ZIP **COCOA BCH. FL**

TITLE NAME ☒ Change ☐ Addition  
**VPC Hooks, Nathaniel**  
 STREET ADDRESS **723 Carissa Avenue**  
 CITY-ST-ZIP **Cocoa, Fl 32922**

TITLE NAME ☐ Delete  
**S DEMPSEY, MARY**  
 STREET ADDRESS **843 ALVONDALE**  
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE NAME ☒ Change ☐ Addition  
**S Jackson, Flora**  
 STREET ADDRESS **5110 Dallhurst Drive**  
 CITY-ST-ZIP **Cocoa, Fl 32926**

TITLE NAME ☐ Delete  
**T HOOKS, NATHANIEL S**  
 STREET ADDRESS **723 CARISSA AVE**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE NAME ☒ Change ☐ Addition  
**VC Ford, Matthew**  
 STREET ADDRESS **709 Hughlett Ave.**  
 CITY-ST-ZIP **Cocoa, Fl 32922**

TITLE NAME ☐ Delete  
**PC WELLS, W. O.**  
 STREET ADDRESS **213 STONE STREET**  
 CITY-ST-ZIP **COCOA FL**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**T FORD, MATTHEW**  
 STREET ADDRESS **709 HUGHLETTE AVE.**  
 CITY-ST-ZIP **COCOA FL**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**T PENNINGTON, CLEVE**  
 STREET ADDRESS **1934 OTTERBEIN AVE**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE NAME ☐ Change ☒ Addition  
**Jackson, Joseph**  
 STREET ADDRESS **601 Stone Street**  
 CITY-ST-ZIP **Cocoa, Fl 32922**

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:

**W.O. Wells, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/01**  
 DATE

**321 633 477**  
 DAYTIME PHONE #

CR2E037 (10/00)