## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2000 8:00 am Secretary of State **DOCUMENT # 837691** SHORELINE PROPERTIES, INC. 01-13-2000 90045 016 \*\*\*150.00 Mailing Address Principal Place of Business 100 BLUFF VIEW DRIVE, 302C 100 BLUFF VIEW DRIVE, 302C BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770-1354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number : 13-1977623 : City & State Applied For City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZYSMAN, STEPHEN B. Street Address (P.O. Box Number is Not Acceptable) 100 BLUFF VIEW DR., 302C **BELLEAIR BLUFFS FL 33770** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE PICKER, HARVEY NAME STREET ADDRESS STREET ADDRESS HARBOR HOUSE 5 SEA ST CITY-ST-ZIP CITY-ST-ZIP CAMDEN ME ■ Addition TITLE ☐ Delete ZYSMAN; CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 100 BLUFF VIEW DR.,302C CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BLUFFS FL Change Addition ☐ Delete TITLE ZYSMAN, STEPHEN B. NAME STREET ADDRESS STREET ADDRESS 100 BLUFF VIEW DR #302C CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BLUFFS FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REMARKATION REMAINS OFFICER OR DIRECTOR

Delete

1/6/2000

727-586-1244

Change

☐ Addition

Daytime Phone #

CR2E034 (9/