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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000670

1. Entity Name

NORSHORE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PO BOX 331333
ATLANTIC BEACH FL 32266

Mailing Address

PO BOX 331333
ATLANTIC BEACH FL 32233-1333

2. Principal Place of Business

2275 Atlantic Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Neptune Beach, Florida

3. Mailing Address

P.O. Box 330108

Suite, Apt. #, etc.

City & State

Atlantic Beach, Florida

4. FEI Number

59-3572831

Applied For

Not Applicable

Zip

32266

Country

Duval

Zip

32233-0108

Country

Duval

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORRELL, MARY C ESQ.

2275 ATLANTIC BLVD., STE 200

NEPTUNE BEACH FL 32266

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
P99000049161	363 ATLANTIC BLVD., INC.	2275 ATLANTIC BLVD., STE 100	NEPTUNE BEACH FL 32266

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

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-05/09/00--01133--002
****526.25 ****526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 20, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00

(904) 241-1501

Date

Daytime Phone #

CR2E003 (9/99)