

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90078 021 ***150.00

DOCUMENT # F55014

1. Entity Name

SHOREBIRD PRESS INC.

Principal Place of Business

**2185 SW GATOR TR
 ARCADIA FL 34266**

Mailing Address

**2185 SW GATOR TR
 ARCADIA FL 34266**

2. Principal Place of Business

2340 PERIWINKLE WAY

3. Mailing Address

2340 PERIWINKLE WAY

Suite, Apt. #, etc.

B-3

Suite, Apt. #, etc.

B-3

City & State

SANIBEL IS, FL

City & State

SANIBEL, FL

Zip

33957

Country

Lee

Zip

33957

Country

Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2191765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATSUMOTO, IKKI
 2185 SW GATOR TRAIL
 ARCADIA FL 34266**

7. Name and Address of New Registered Agent

Name **MATSUMOTO, IKKI**

Street Address (P.O. Box Number is Not Acceptable)

2340 PERIWINKLE WAY B3

SANIBEL ISLAND

City

FL

Zip Code

33957

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
 NAME **MATSUMOTO, POLLY**
 STREET ADDRESS **2185 SW GATOR TR**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **PD** ☐ Delete
 NAME **MATSUMOTO, IKKI**
 STREET ADDRESS **2185 SW GATOR TR**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
 NAME **MATSUMOTO, POLLY**
 STREET ADDRESS **2340 PERIWINKLE WAY B3**
 CITY-ST-ZIP **SANIBEL IS, FL 33957**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MATSUMOTO, IKKI**
 STREET ADDRESS **2340 PERIWINKLE WAY B3**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

941-472-2941

Date

Daytime Phone #

CR2E034 (9/01)