

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90275 005 ***150.00

DOCUMENT # F95000000534

1. Entity Name

FLORIDRON (SOUTH SHORES) LIMITED, INC.

Principal Place of Business

~~210 SALT GRASS PLACE~~
~~MELBOURNE BEACH FL 32951~~
~~US~~

Mailing Address

~~210 SALT GRASS PLACE~~
~~MELBOURNE BEACH FL 32951~~
~~US~~

2. Principal Place of Business

215 CLYDE STREET

Suite, Apt. #, etc.

3. Mailing Address

215 CLYDE STREET

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

USA

Zip

32951

Country

USA

4. FEI Number

59-3302691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCULTHOP, BRIAN

~~210 SALT GRASS PLACE~~

~~MELBOURNE BEACH FL 32951~~

7. Name and Address of New Registered Agent

Name

SCULTHOP, BRIAN M

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

215 CLYDE STREET

City

MELBOURNE BEACH

FL

Zip Code

32951

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

Brian M Sculthop

BRIAN M SCULTHOP

4/22/02

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 **DC** ☐ Delete
 NAME **SCULTHOP, LEONARD E**
 STREET ADDRESS **116 ST. ANDREWS DR.**
 CITY-ST-ZIP **GLASGOW G11 4RA UNITED KINGDOM**

TITLE **D** ☐ Delete
 NAME **SCULTHOP, BRIAN M**
 STREET ADDRESS **210 SALT GRASS PLACE**
 CITY-ST-ZIP **MELBOURNE BEACH FL**

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 **DC** ☒ Change ☐ Addition
 NAME **SCULTHOP, LEONARD E.**
 STREET ADDRESS **7725 S. AIA HWY.**
 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **DS** ☒ Change ☐ Addition
 NAME **SCULTHOP, BRIAN M.**
 STREET ADDRESS **143 OCEANWAY DRIVE**
 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

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

CR2E034 (9/01)

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:

Brian M Sculthop
BRIAN M. SCULTHOP

4/22/02 321-676-0521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #