

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001967

1. Entity Name

SHELLS SEAFOOD RESTAURANTS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90668 001 *3,000.00

Principal Place of Business 16313 N DALE MABRY HWY #100 TAMPA FL 33618	Mailing Address 16313 N DALE MABRY HWY #100 TAMPA FL 33618-1342
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0427966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES INC
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name	
Street A	Warren R. Nelson
	16313 N. Dale Mabry Hwy, Ste 100
	Tampa, FL 33618
City	
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 **5-2-00**

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, 2000 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**

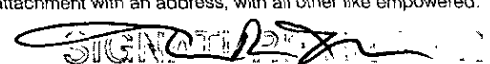
11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HATTAWAY, WILLIAM E	
STREET ADDRESS	16313 N. DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	NELSON, WARREN R	
STREET ADDRESS	16313 N. DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RITCHEY, JOHN R	
STREET ADDRESS	16313 N. DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROEHL, FRANK C	
STREET ADDRESS	16313 N. DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, FREDERICK R	
STREET ADDRESS	1520 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **5-2-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W R NELSON** Daytime Phone #

CR2E034 (9/99)