2001 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2001 8:00 am DOCUMENT # F9600001967 Secretary of State 06-05-2001 90014 001 *2.850.00 SHELLS SEAFOOD RESTAURANTS, INC. Principal Place of Business Mailing Address 16313 N DALE MABRY HW / #100 16313 N DALE MABRY HWY #100 TAMPA FL 33618 TAMPA FL 33618 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0427966 Not Applicable Country \$8.75 Additional Zip 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 UNITED CORPORATE SERVICES INC Street Addre Nelson, Warren 9200 SOUTH DADELAND BLVD. 16313 North Dale Mabry Hwy, Ste. 100 SUITE 508 Tampa, Fl 33618 MIAMI FL 33156-0000 ode City 8. The above named entity submits this statement for the purpose of changing it: 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 FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2: 01 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Paya le to Department of State (See criteria on back) "FCTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE Delete President NAME HATTAWAY, WILLIAM E NAME Head, David STREET ADDRESS 16313 N. DALE MABRY HWY., #100 STREET ADDRESS 16313 North Dale Mabry, Ste. 100 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** Tampa. Florida 33618 ☐ Addition TITLE VCF0 ☐ Delete TITLE NAME NELSON, WARREN R NAME STREET ADDRESS STREET ADDRESS 16313 N. DALE MABRY HWY., #100 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** Change Addition TITLE ☐ Delete TITLE RITCHEY, JOHN R NAME NAME STREET ADDR: SS STREET ADDRESS 16313 N. DALE MABRY HWY., #100 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Addition ☐ Change TITLE 🙀 Delete TITLE ROEHL, FRANK C NAME NAME STREET ADDRESS STREET ADDRESS 16313 N. DALE MABRY HWY., #100 CITY-ST-ZIP CITY-ST-ZIP Tampa Fl Delete Addition TITLE Change TITLE ADLER, FREDERICK R NAME STREET ADDRESS STREET ADDRESS 1520 S. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trip signature shall have the same legal effect as if made under oath; that I am an officer or director in as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

-29-01

961-6994

FILED