

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90381 049 ****61.25

0013426

DOCUMENT # F99000000275

1. Entity Name

SHORESH/USA, INC.

Principal Place of Business

Mailing Address

PO BOX 551593
 JACKSONVILLE FL 32255-1593

PO BOX 551593
 JACKSONVILLE FL 32255-1593

2. Principal Place of Business

3. Mailing Address

8421 Baymeadows Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

54-1198162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBHAR, MARCIA P
7500 SOUTHSIDE BLVD
JACKSONVILLE FL 32256

Name **Lebhar, Marcia P**

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

8421 Baymeadows Way # 4

City

Jacksonville

FL

Zip Code

32256

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 **N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **BUGG, WILLIAM A JR**
 STREET ADDRESS **471 W. WESLEY RD NW**
 CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **D** ☐ Delete
 NAME **LEBHAR, MARCIA P**
 STREET ADDRESS **3031 SECRET WOODS TRAIL W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216-7165**

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

TITLE **P** ☐ Delete
 NAME **LEBHAR, NEIL G REV**
 STREET ADDRESS **3031 SECRET WOODS TRAIL W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216-7165**

TITLE **P** ☒ Change ☐ Addition
 NAME **Hastings, G. Richard Mr.**
 STREET ADDRESS **8412 Hawthorne Place**
 CITY-ST-ZIP **Raytown MO 64138**

TITLE **S** ☐ Delete
 NAME **NEWELL, THERESA**
 STREET ADDRESS **256 THORN ST**
 CITY-ST-ZIP **SEWICKLEY PA 15143**

TITLE **S** ☒ Change ☐ Addition
 NAME **Cairns, Douglas Col. (Ret.)**
 STREET ADDRESS **2117 Sycamore Drive**
 CITY-ST-ZIP **Montgomery AL 36117**

TITLE **T** ☐ Delete
 NAME **REYNOLDS, RICHARD B.**
 STREET ADDRESS **235 HAMPSTEAD CT**
 CITY-ST-ZIP **DULUTH GA 30155**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

CR2E037 (10/00)