

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G26242**

1. Entity Name

SHORELINE MARINE CONSTRUCTION COMPANY

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90119 050 ***158.75

Principal Place of Business

Mailing Address

1101 1ST STREET SW
 RUSKIN FL 33570
 US

PO BOX 945
 RUSKIN FL 33570-0945
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2265368**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WILLIAM R.
9806 DETROP ST.
RIVERVIEW FL 33569

Name

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

City

FL

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

William R Williams

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM R	
STREET ADDRESS	9806 DETROP ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILLIAMS, LINDA C.	
STREET ADDRESS	9806 DETROP ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM R. JR.	
STREET ADDRESS	9929 BAY DRIVE	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, KENNETH	
STREET ADDRESS	9937 BAY DRIVE	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Linda C.	
STREET ADDRESS	9806 Detrop-St.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Kelly C.	
STREET ADDRESS	9929 Bay Drive	
CITY-ST-ZIP	Gibsonton, FL 33534	
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 the 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:

William R Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 813-645-3625

Date

Daytime Phone #

CR2E034 (3/99)