

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90041 040 \*\*\*158.75

CR2E034 (9/01)

**DOCUMENT # G26242**  
 1. Entity Name  
**SHORELINE MARINE CONSTRUCTION COMPANY**

Principal Place of Business 1101 1ST STREET SW RUSKIN FL 33570 US	Mailing Address PO BOX 945 RUSKIN FL 33570 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-2265368</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**WILLIAMS, WILLIAM R.**  
**3273 SHERMAN STREET**  
**ENGLEWOOD FL 34224**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, WILLIAM R 3273 SHERMAN STREET ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, LINDA C. 3273 SHERMAN STREET ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, WILLIAM R. JR. 6202 POWELL RD GIBSONTON FL 33534 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADAMS, KENNETH 9937 BAY DRIVE GIBSONTON FL 33534 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, KELLY C 6202 POWELL ROAD GIBSONTON FL 33534 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS/DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Williams, Linda C. 3273 Sherman St. Englewood, Florida 34224 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hunziker, Walter F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1819 Laurel Oak Drive Valrico, Florida 33594

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:** **William R. Williams** 01/14/02 (813) 645-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone **3625**