

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90153 013 ***158.75

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2265368**

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

**WILLIAMS, WILLIAM R.
3273 SHERMAN STREET
ENGLEWOOD FL 34224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **WILLIAMS, WILLIAM R**
STREET ADDRESS **3273 SHERMAN STREET**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Edward Douglas Wheaton**
STREET ADDRESS **10402 Brushfield St**
CITY-ST-ZIP **Riverview, Fl. 33569** ☐ Change ☐ Addition

TITLE **DSDT** ☐ Delete
NAME **WILLIAMS, LINDA C.**
STREET ADDRESS **3273 SHERMAN STREET**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **DVP** ☒ Delete
NAME **WILLIAMS, WILLIAM R. JR.**
STREET ADDRESS **6202 POWELL RD**
CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE **D** ☐ Delete
NAME **HUMZIKER, WALTER F**
STREET ADDRESS **1819 LAUREL OAK DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
NAME
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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 607, 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

Linda C. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA C. WILLIAMS

01/13/03

813-645-3625

Date

Daytime Phone #

CR2E034 (10/02)