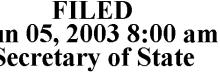
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92772

Entity Name SHELLS OF NORTH TAMPA, INC.	
rincipal Place of Business	Mailing Address

FILED Jun 05, 2003 8:00 am Secretary of State 06-05-2003 90125 039 ***150.00



Principal Place of Business 11010 N 30TH ST 16313 N. DALE MAI TAMPA FL 33612 US Mailing Address 16313 N. DALE MAI TAMPA FL 33618				N. DALE MABRY H	IABRY HWY., SUITE 100								
2. Principal Place of Business			3. Mai	3. Mailing Address			\neg				B		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State City & State					4. F	El Number	59-263299)2		Applied For Not Applicabl	le		
Zip		Country	Zip		у	5 . C	Certificate of S	tatus Desired	j 🗆	\$8.75 A Fee Requi			
	6. Name	and Address of C	urrent Registere	d Agent		News	7. N	ame and Ad	ress of New	/ Registere	d Agent		4
NELCON 1	MADDEN D				}	Name							1
	WARREN R	Ry Hwy, ste 10	nn	Street Addres			ress (P.O. Bo	ss (P.O. Box Number is Not Acceptable)					
TAMPA FL		11 11011 011 1	00										\dashv
17 311, 71 1 2	. 55510				-	City					Zip Co	odo.	-
										F	<u> </u>		_
	named entity ions of regist		ment for the purp	ose of changing its	registered	t office or reg	gistered age	ent, or both, ir	the State of	Florida, I ar	n familiar witl	n, and accept	t
SIGNATURE -	Signature, typed	or printed name of register	ed agent and title if app	licable. (NOTE	E: Registered /	Agent signature re	equired when rein	nstating)		DATE			
After	May 1, 200	! FEE IS \$150.0 3 Fee will be \$5	50.00						n Campaign und Contribu	**		.00 May Be	
	Payable to	Florida Departn										<u> </u>	_
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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:

Daytime Phone #