2001 UNIFORM BUSINESS REPORT (UBR)

Aug 15, 2001 8:00 am § Secretary of State J50613 DOCUMENT # 1. Entity Name 4/4 08-15-2001 90001 011 ***150.00 SHARROCK SHORES, INC. Principal Place of Business Mailing Address 408 RIVERVIEW LN. 408 RIVERVIEW LUL MELBOURNE BEACH FL 32951 MELBOURNE BEACH EL 32951 2. Principal Place of Business 3. Mailing Address 6450 INDIAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2764453 nsi la Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARROCK, ROBERT 408 RIVERVIEW LN. MELBOURNE BEACH FL 32951 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (5/01) Change ☐ Addition TITLE Delete TITLE SHARROCK, KEN SHARROCK, KEN NAME NAME 6450 INDIAN HILLS DR STREET ADDRESS STREET ADDRESS YPSI MN 48198 CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change SHARROCK, ROBERT B NAME NAME 408 RIVERVIEW LN. STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** CITY-ST-ZIP CITY-ST-ZIP Change" Addition : ☐ Delete -TITLE ---TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 enmowered SIGNATURE:

Attachmand

A008/140

Sharrock Shores Inc. 6450 Indian Hills Drive Ypsilanti, Michigan 48198

Ph: 734-485-6000 Fax: 734-485-6181

8/8/01

To: Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Fl. 32302-1500

Re: Enclosed UBR Payment for Sharrock Shores Inc.

Dear Sirs or Ladies,

My father, Robert Sharrock, who is 78 years old and I lost our Mother last October 2000 to Alzheimers. My Father, being quite distracted, had not changed our mailing address with your department even though the mail should have been forwarded anyway. We never received the notice and I had no knowledge that the bill was owed. I don't know if this is an acceptable reason but it is the only reason we have for being late with the UBR. Enclosed please find a \$ 150.00 check with our Report. I promise that from now on I will make sure this is taken care of on time. If this amount is not sufficient, please call or write us and we will respond promptly. I hope you understand and Thank you very much for your time and help in this matter.

Very Truly Yours, Ken Sharrock

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