2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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## Jan 31, 2001 8:00 am **DOCUMENT # J77669 Secretary of State** THE SHELL CORNER, INC. 01-31-2001 90002 017 \*\*\*150.00 Principal Place of Business Mailing Address C/O KATHLEEN T WIEDMAN C/O KATHLEEN T WEIDMAN 7205 ESTERO BLVD, STE 8 7205 ESTERO BLVD. SUITE 8 PARTA 204 FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2807064 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIEDMAN, KATHLEEN T Street Address (P.O. Box Number is Not Acceptable) 7205 ESTERO BLVD SUITE 8 FT. MYERS BEACH FL 33931 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PYST WIEDMAN, KATHLEEN T. 117 JEFFEESON ST. PVST ☐ Addition TITLE ☐ Delete Change TITLE WIEDMAN, KATHLEEN T NAME NAME 125 JEFFERSON ST STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL FT. MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WIEDMAN, KATHLZEN T. wiedman, Kathleen T. NAME NAME 117 NEFFERSON ST. 125 JEFFERSON ST. STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 empowered.

KATHLEEN T. WIEDMAN 1-16-01 (941)463-4547