

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36729

1. Entity Name

SHELLS OF CASSELBERRY, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90668 001 \*3,000.00

Principal Place of Business	Mailing Address
16313 N. DALE MABRY HWY. STE. 100 TAMPA FL 33618	16313 N. DALE MABRY HWY. STE. 100 TAMPA FL 33618-1342

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	59-2915045	Applied For
Zip	Country	Zip	Country	Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, GEOFFREY TODD 501 E KENNEDY BLVD., SUITE 1400 TAMPA FL 33602	Name Street Ac Warren R. Nelson 16313 N. Dale Mabry Hwy, Ste 100 Tampa, FL 33618 City 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)

DATE

5-2-00

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, 2000 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W R NELSON

Daytime Phone #

5-2-00

CR2E034 (9/99)