

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90014 001 *2,850.00

DOCUMENT # K51038

1. Entity Name
SHELLS ON THE BEACH, INC.

Principal Place of Business
**17855 GULF BLVD
 REDINGTON SHORES FL 33708
 US**

Mailing Address
**16313 N. DALE MABRY HWY.
 SUITE 100
 TAMPA FL 33618**

74115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2926335**

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

**NELSON, WARREN R
 1613 N DALE MABRY HWY STE 100
 TAMPA FL 33618**

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.

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

Warren Nelson (NOT: Registered Agent signature required when reinstating)

5-29-01 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!
After MAY 1, 2001 Fee IS \$150.00
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.

13. DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **HATTAWAY, WILLIAM**
 STREET ADDRESS **16313 N DALE MABRY, STE 100**
 CITY-ST-ZIP **TAMPA FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **Head, David**
 STREET ADDRESS **16313 North Dale Mabry, Ste.100**
 CITY-ST-ZIP **Tampa. Florida 33618**

TITLE **DST** ☒ Delete
 NAME **ROEHL, FRANK C., III**
 STREET ADDRESS **16313 N. DALE MABRY HWY**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **NELSON, WARREN R.**
 STREET ADDRESS **16313 N. DALE MABRY #100**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
 NAME **Ritchey, John**
 STREET ADDRESS **16313 North Dale Mabry, Ste.100**
 CITY-ST-ZIP **Tampa. Florida 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for 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 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

Date

Daytime Phone #

CR2E034 (10/00)