

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54391

1. Entity Name

SHELL POINT MANAGEMENT, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90003 043 \*\*\*150.00

Principal Place of Business

Mailing Address

% EDWARD J. MCCANN  
12506 WEXFORD HILLS RD.  
RIVERVIEW FL 33569

260 OLD COUNTRY RD  
MELVILLE NY 11747-2730  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MARY, Frank Brigati

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12412 Wexford Hills Rd.

City & State

City & State

RIVERVIEW FLORIDA

4. FEI Number 59-2921846

Applied For

Not Applicable

Zip

Country

Zip

Country

33569

USA

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

MCANN, EDDIE I  
11412 DONNEY MOOR DR  
RIVERVIEW FL 33569

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSP  
BRIGATI, MARY  
260 OLD COUNTRY RD.  
MELVILLE NY ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
BRIGATI, FRANK  
260 OLD COUNTRY RD  
MELVILLE NY ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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

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: G. Brigati  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000 813-677-7212  
Date Daytime Phone #

CR2E034 (9/99)