

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90115 021 ***150.00

DOCUMENT # K54391

1. Entity Name

SHELL POINT MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mary Frank Brigati

3. Mailing Address

260 Old Country Rd.

Suite, Apt. #, etc.

12412 Wexford Hills Rd.

Suite, Apt. #, etc.

City & State

Riverview, FL 33569

City & State

Melville, NY 11747

4. FEI Number

59-2921846

Applied For

Not Applicable

Zip

33569

Country

US

Zip

11747

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

McCann, Eddie III

Street Address (P.O. Box Number is Not Acceptable)

11412 DonneyMoor Drive

City

Riverview

FL

Zip Code

33569

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSP	TITLE	
NAME	Brigati, Mary	NAME	
STREET ADDRESS	260 Old Country Rd.	STREET ADDRESS	
CITY-ST-ZIP	Melville, NY 11747	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	Brigati, Frank	NAME	
STREET ADDRESS	260 Old Country Road	STREET ADDRESS	
CITY-ST-ZIP	Melville, NY 11747	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Brigati **MARY Brigati**

4/17/03

631-423
5914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)