## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K58646** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name SHORELAND BUILDERS, INC. 04-05-2000 90069 009 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 4059 1576 SHORELAND DRIVE. EAST VERO BEACH FL 32963 VERO BCH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0094157 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHEELWRIGHT, ROGER O. Street Address (P.O. Box Number is Not Acceptable) 1576 SHORELAND DRIVE EAST VERO BEACH FL 32963 Zip Code City FĮ 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Detete TITLE TITLE WHEELWRIGHT, ROGER O. NAME NAME STREET ADDRESS STREET ADDRESS 1576 SHORELANDS DR E CITY-ST-ZIP CITY-ST-7IP vero BCH Fl □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME 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.

CR2E034 (9/99)