

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K79502**

1. Entity Name
SHORE ENGINEERS INC.



Principal Place of Business
**5100 TAMAMI TR N
STE 201
NAPLES FL 34103
US**

Mailing Address
**5100 TAMAMI TR N
STE 201
NAPLES FL 34103
US**

2. Principal Place of Business
**1250 TAMAMI TRL N
Suite, Apt. #, etc.
#302**

3. Mailing Address
**1250 TAMAMI TRL N
Suite, Apt. #, etc.
#302**

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34102

Country
USA

Zip
34102

Country
USA

6. Name and Address of Current Registered Agent

**OWLIAEI, BAHRAM
5100 TAMAMI TRL N
STE 201
NAPLES FL 34103**

Name
OWLIAEI, BAHRAM

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

1250 TAMAMI TRL N #302

City

NAPLES, FL

FL

**Zip Code
34102**

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

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWLIAEI, BAHRAM 270 MONTERY DR NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* **BAHRAM OWLIAEI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 03 (339)643-6623

Daytime Phone #