

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

06-05-2001 90014 001 \*2,850.00

**DOCUMENT # K82801**

1. Entity Name

**SHELLS OF HOLMES BEACH, INC.**

Principal Place of Business

**3200 EAST BAY DR  
 HOLMES BCH FL 34217  
 US**

Mailing Address

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

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 **59-2948271**

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

**HODGES, GEOFFREY TODD  
 501 E KENNEDY BLVD., SUITE 1400  
 TAMPA FL 33602**

Name

Street Address

**Nelson, Warren  
 16313 North Dale Mabry Hwy, Ste. 100  
 Tampa, FL 33618**

City

State

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

*Warren Nelson*  
 (NOT Registered Agent's 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 !! FEE IS \$150.00  
 After MAY 1, 2001 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HATTAWAY, WILLIAM	
STREET ADDRESS	16313 N DALE MABRY STE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ROEHL, FRANK C III	
STREET ADDRESS	16313 N. DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, WARREN R	
STREET ADDRESS	16313 N, DALE MABRY HWY #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.	FACTORS IN 11	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Head, David	
STREET ADDRESS	16313 North Dale Mabry, Ste.100	
CITY-ST-ZIP	Tampa. Florida 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	Ritchey, John	
CITY-ST-ZIP	16313 North Dale Mabry, Ste.100	
TITLE	Tampa. Florida 33618	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Warren Nelson*  
 DATE

*5-29-01*  
 Daytime Phone # *813-961-0944*

CR2E034 (10/00)