

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0-9458

DOCUMENT # L00000007807

1. Entity Name

SHORELINE SHUTTERS, L.C.

04-03-2002 90018 035 *****50.00

Principal Place of Business

**945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958**

Mailing Address

**945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958**

2. Principal Place of Business

945 Sebastian Boulevard

3. Mailing Address

945 Sebastian Boulevard

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1020996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLOUGH, WILLIAM
 945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958**

Name

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

945 Sebastian Boulevard, Suite 3

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 LAVENDER, ROBERT
 945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
945 Sebastian Boulevard, Suite 3 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BALLOUGH, WILLIAM
 945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
945 Sebastian Boulevard, Suite 3 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 LAMAN, JOHN
 945 FELLSMERE ROAD, SUITE 3
 SEBASTIAN FL 32958** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
945 Sebastian Boulevard, Suite 3 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William Ballough

27 March 2002

#772-589-7472

Date

Daytime Phone #

CR2E083 (9/01)