

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13208

1. Entity Name

SHORELINE AUTOS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90081 022 ***150.00

Principal Place of Business

Mailing Address

8190 66TH ST. NORTH
PINELLAS PARK FL 33781

P O BOX 1877
PINELLAS PARK FL 33780-1877
US

2. Principal Place of Business

3545 TYRONE BLVD, #3

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. PETERSBURG, FL

City & State

City & State

4. FEI Number

59-2966198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33710

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, C. STEPHEN
ONE URBAN CENTRE, SUITE 335
4830 WEST KENNEDY BLVD.
TAMPA FL 33609

Name

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

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WELCH, MARIE
STREET ADDRESS 8190 66TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE VD ☐ Delete
NAME WELCH, MARIE
STREET ADDRESS 8190 66TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE VD ☐ Delete
NAME LEWIS, LINDA M
STREET ADDRESS 204 43RD AVE.
CITY-ST-ZIP ST PETE BEACH FL 33706

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

TITLE VD ☐ Delete
NAME SCHMOLL, PEGGY
STREET ADDRESS 4922 QUEEN PALM TERRACE, N.E.
CITY-ST-ZIP ST PETERSBURG FL 33703

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Marie Welch MARIE WELCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

727-343-4375

Daytime Phone #

CR2E034 (9/99)