

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90007 011 ***550.00

DOCUMENT # L13208

1. Entity Name
SHORELINE AUTOS, INC.

Principal Place of Business

**3545 TYRONE BLVD #3
 SAINT PETERSBURG FL 33710**

Mailing Address

**P O BOX 1877
 PINELLAS PARK FL 33780
 US**

2. Principal Place of Business

3. Mailing Address

7362 - 46th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33709

Country

PINELLAS

Zip

33709

Country

FL

4. FEI Number

59-2966198

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **WELCH, MARIE**
 STREET ADDRESS **8190 66TH STREET NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **PD** ☒ Change ☐ Addition
 NAME **MARIE WELCH**
 STREET ADDRESS **7362 46TH AVE N**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/01 727-548-8715

CR2E034 (5/01)