2001 UNIFORM DOCUMENT # L94 1. Entity Name SHELLS OF BRANDON, INC		RT (UBI	<b>R)</b> FILED Jun 05, 2001 8:00 am Secretary of State 06-05-2001 90014 001 *2,850.00	
Principal Place of Business 115 E BRANDON BLVD BRANDON FL 33511 US	Mailing Address 16313 N. DALE MABRY HV. STE. 100 TAMPA FL 33618	 Y.	- 74102	
2. Principal Pace of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State	- <u></u>	4. FEI Number 59-3022787 Applied For	
Zip Country	Zip	Country	S. Certificate of Status Desired     Status Desired     Fee Required	
6. Name and Address	of Current Registered Agent	Name	7. Name and Address of New Registered Agent	
HODGES, GEOFFREY TODD 501 E KENNEDY BLVD SUITE 1400 TAMPA FL 33602			Idress (I Nelson, Warren 16313 North Dale Mabry Hwy, Ste. 100 Tampa, Fl 33618	
Signature, typed or printed name of the Tax filing requirement and elects to de (See criteria on back) 11. OFFIN TITLE NAME STREET ADDRESS CITY-ST-ZIP Description Signature, typed or printed name of the PD HATTAWAY, WILLIAM 16313 N DALE MABRY TAMPA FL	s Intangible o so. After MAY 1, 20 Make Check Paya CERS AND DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00     Trust Fund Contribution.     \$5.00 May Be       of State     Added to Fees       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       President     X hange       Head     David	
TITLE STD NAME ROEHL, III, FRANK C STREET ADDRESS 16313 N DALE MABRY CITY-ST-ZIP TAMPA FL	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16313 North Dale Mabry, Ste.100     Image     Image	
ITTLE VP NAME NELSON, WARREN R. STREET ADDRESS 16313 N. DALE MABRY CITY-ST-ZIP TAMPA FL	Delete     HWY, #100	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ritchey, John 16313 North Dale Mabry, Ste.100 Tampa. Florida 33618	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ihange Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<ul> <li>indicated on this report or supplemen of the corporation or the receiver or tri</li> </ul>	tal report is true and accurate and that n ustee empowered to execute this report address, with all other like empowered.	<ul> <li>signature shall ha s required by Chaj</li> </ul>	id in Section 119.07(3)(i), Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	