2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007618

1. Entity Name
SHELL PHONE CO., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 11:02

Principal Place of Business	Mailing Address
P.O. BOX 9017 LARGO FL 33771	P.O. BOX 9017 LARGO FL 33771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2022 Rudder Dr	P.O. Box 9017
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, Fl.	City & State: Largo, Fl.
Zip: 33594 Country: U.S.A.	Zip: 33771 Country: U.S.A.

4. FEI Number 59-3661722 ☐ 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
STILLSON, DON D 2022 RUDDER DRIVE VALRICO FL 33594	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] 08.26.00
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don D. Stillson, Assistant mgr P.O. Box 9017 Largo, Fl 33771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leo Grossman, Mgr. 2022 Rudder Dr Valrico Fl 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003456110--0 -11/07/00--01117--021 *****50.00--*****50.00
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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] 08.26.00 727-224.4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (5/00)

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