M64164 M64164

S REPORT (UBR)

Shell Point Marine Corporation

FILED

01 MAY -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Mailing Address
52 LOWELL RD
BOX 841
WINDHAM NH 03087
US

2. Principal Address	3. Mailing Address
52 Lowell Rd.	P.O. Box 841
Box 841	Suite, Apt. #, etc.
Windham, NH	Windham, N.H.
03087	03087
Country	Country

4. FEI Number 59-2872114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARIS, DEBORAH M.
100 S. ASHLEY DR.
TAMPA FL 33602

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 of new 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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $3.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 01	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEORGE, ALAN 5 SOUTH KILBY STREET GLOUCESTER MA	☐ Delete	100004326501--5 -05/29/01--01154--016 ****150.00 ****150.00	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MACKILLOP, MARY 5 S. KILBY STREET GLOUCESTER MA	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEDBERG, JEFFREY 8101 5TH AVE SO BLOOMINGTON MN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 a director or officer 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 in Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary MacKillop MARY MACKILLOP 4/24/01 603-294-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date