

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90270 022 ***150.00

DOCUMENT # M87456

1. Entity Name
S.H.I.P. ASSOCIATES, INC.

Principal Place of Business

**21 SE HARBOR POINT DR.
 STUART FL 34996
 US**

Mailing Address

**21 SE HARBOR POINT DR
 STUART FL 34996
 US**

2. Principal Place of Business

31 SE HARBOR POINT DR

3. Mailing Address

31 SE HARBOR POINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip
34996

Country
USA

Zip
34996

Country
USA

4. FEI Number

59-2905380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARATTA, ROBERT O.
 21 SE HARBOUR POINT DR.
 STUART FL 34996**

7. Name and Address of New Registered Agent

Name

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

31 SE HARBOR POINT DRIVE

City **STUART**

FL

Zip Code
34996

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 **Robert O. Baratta**
 Signature, typed or printed name of registered agent and title if applicable.

ROBERT O. BARATTA

4-12-02

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, 2002 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

TITLE **CV** ☐ Delete
 NAME **BARATTA, ROBERT O.**
 STREET ADDRESS **21 S.E. HARBOR POINT DR.**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **DP** ☐ Delete
 NAME **RUSSELL, LUTHER J.**
 STREET ADDRESS **271 S.E. HARBOR PT. DR.**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **T** ☐ Delete
 NAME **BARATTA, CAROL**
 STREET ADDRESS **21 SE HARBOR PT DR**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **S** ☐ Delete
 NAME **FERDIG, DIANNE**
 STREET ADDRESS **465 RIVERSIDE**
 CITY-ST-ZIP **STUART FL 34994**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **31 SE HARBOR POINT DR.**
 CITY-ST-ZIP **STUART, FL 34996**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **31 SE HARBOR POINT DR**
 CITY-ST-ZIP **STUART, FL 34996**

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

TITLE ☐ Change ☐ Addition
 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: **Robert O. Baratta**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 772-283-6658
 Date Daytime Phone #

CR2E034 (9/01)