

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90050 016 ****61.25

DOCUMENT # N06700

1. Entity Name

SAVE OUR SHORES (S.O.S.) INC.

Principal Place of Business

P O BOX 1208
 VERO BEACH FL 32961-8208

Mailing Address

P O BOX 1208
 VERO BEACH FL 32961-8208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2481288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, GEORGE G., JR.
744 BEACHLAND BOULEVARD
VERO BEACH FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: **SEXTON, RALPH** Delete
 STREET ADDRESS: **8005-37TH STREET**
 CITY-ST-ZIP: **VERO BEACH FL**

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

TITLE: VP
 NAME: **BIRELEY, RICHARD JR** Delete
 STREET ADDRESS: **3301 OCEAN DR**
 CITY-ST-ZIP: **VERO BEACH, FL 32963**

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

TITLE: SD
 NAME: **ELARBEE, CHARI** Delete
 STREET ADDRESS: **3630 OCEAN DR.**
 CITY-ST-ZIP: **VERO BEACH FL**

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

TITLE: TD Delete
 NAME: **RADLET, JEAN**
 STREET ADDRESS: **3150 OCEAN DR.**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: **TREASURER** Change Addition
 NAME: **CHYRL GERSTNER**
 STREET ADDRESS: **2035 SURFSIDE TERRACE**
 CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

561-562-2301

SIGNATURE **Ralph W. Sexton** PRES 1/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)