

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004037

1. Entity Name

SAVE OUR SHORELINE, INC.

Principal Place of Business

Mailing Address

2001 SOUTH SURF ROAD
SUITE 4B
HOLLYWOOD FL 33019
US

P.O. BOX 220126
HOLLYWOOD FL 33019-0126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33022

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHALIFOUR, BRENDA
2001 SOUTH SURF ROAD
SUITE 4B
HOLLYWOOD FL 33019

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CHALIFOUR, BRENDA 2001 SOUTH SURF ROAD #4B HOLLYWOOD FL 33019	<input type="checkbox"/>		
D COLEMAN, JOHN 2001 SOUTH SURF ROAD #4B HOLLYWOOD FL 33019	<input type="checkbox"/>		
D WELSCH, STEVE 315 DE SOTO STREET HOLLYWOOD FL 33019	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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.

SIGNATURE:

Brenda Lee Chalifour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90038 022 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0633821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

0071278