

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045925

1. Entity Name:
SHORELINE MARINE SERVICES, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90011 026 ***575.00

0599769

Principal Place of Business
415 N. RIDGEWOOD AVE.
ORMOND BEACH FL 32174

Mailing Address
415 N. RIDGEWOOD AVE.
ORMOND BEACH FL 32174

2. Principal Place of Business
62 SOUTH ORCHARD

3. Mailing Address
62 S ORCHARD

Suite, Apt. #, etc.
#C

Suite, Apt. #, etc.
C

City & State
ORMOND BEACH FL

City & State
ORMOND BEACH FL

Zip
32174

Country
US

Zip
32174

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILDT, KRISTIN K
415 N. RIDGEWOOD AVE.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
WILLIAM D CADY
Street Address (P.O. Box Number is Not Acceptable)
1122 HAZELNUT
City
BUNNELL FL Zip Code
32110

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 TERRY CADY Vice President 5/22/01

Signature, typed or printed name of 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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDT, KRISTIN K 415 N. RIDGEWOOD AVE. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WILLIAM D CADY 1122 HAZELNUT BUNNELL FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President TERRY D CADY 62 S ORCHARD ST ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/01/01 (904) 679-8622

CR2E034 (10/00)