FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000078387 1. Entity Name 05-15-2001 90153 002 ***150.00 AB SEA SHELLS, INC. Principal Place of Business Mailing Address 1301 S.E. 1ST TERRACE 1301 S.E. 1ST TERRACE 765450 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 1301 S.E. 15T 1301 SE 1 st Terr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Deertie Not Applicable eseh 26.5-66-7533 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33<u>44</u> 420 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charle HENDRICKS, CHARLES[®] Street Address (P.O. Box Number is Not Acceptable) 1301 S.E. 1ST TERRACE **DEERFIELD BEACH FL 33441** 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00) ☐ Delete TITLE Change TITLE HENDRICKS, CHARLES NAME NAME STREET ADDRESS 1301 S.E. 1ST TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete TITLE □1 Change ☐ Addition TITLE QUINTERO, MARY NAME NAME STREET ADDRESS 1301 S.E. 1ST TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR