

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90229 026 ***150.00

DOCUMENT # P00000091113

1. Entity Name
SHELL POINT DEVELOPMENT CORPORATION



Principal Place of Business
**C/O SHELL POINT VILLAGE
15000 SHELL POINT BLVD.
FORT MYERS FL 33900-8**

Mailing Address
**C/O SHELL POINT VILLAGE
15000 SHELL POINT BLVD. Ste 100
FORT MYERS FL 33900-8**



2. Principal Place of Business
**Shell Point Development Corp
Suite, Apt. #, etc.
13901 Shell Point Plaza**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State

4. FEI Number **65-1046494**

Applied For
Not Applicable

Zip
33908

Country
Lee

Zip
33908

Country
Lee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DYS, PETER
15000 SHELL POINT BLVD.
FORT MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DYS, PETER	
STREET ADDRESS	15000 SHELL POINT BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYES, DENNIS	
STREET ADDRESS	15000 SHELL POINT BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGE, PAUL	
STREET ADDRESS	15000 SHELL POINT BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 239-454-2155
Date Daytime Phone #

CR2E034 (10/02)