

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90001 024 ***150.00

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DOCUMENT # P02000020279

1. Entity Name
SHELL SAKS INC.



Principal Place of Business
**919 KINGSCOTE CT
SAFETY HARBOR FL 34695**

Mailing Address
**2576 SUNSET POINT RD
CLEARWATER FL 33765**



2. Principal Place of Business
31 FRIENDSHIP COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SAFETY HARBOR FL

City & State

4. FEI Number
04-3616018

Applied For
Not Applicable

Zip
34695

Country
USA

Zip
Country

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

**BINDER, CATHERINE R
2576 SUNSET POINT RD
CLEARWATER FL 33765**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIOTT-CUNNINGHAM, TAMMA
919 KINGSCOTE CT
SAFETY HARBOR FL 34695**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10111526

PO200020799-9-03

Dear Sir/Madam:

Please note my change of address. I just received this document today and quickly submitted this to you along with my check.

This is my first year in business and want to stay in good standing with all of my duties and obligations.

Sincerely

Lamma Elliott-Cunningham

Lamma Elliott-Cunningham

New Address

Shellsaks Inc

31 Friendship Ct.

Safety Harbor, FL 34695