

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90185 033 ***550.00

0019162 AV

DOCUMENT # P02000041124

1. Entity Name
SHORES FURNITURE, INC.



Principal Place of Business
**3905 SOUTH U.S. 1
ROCKLEDGE FL 32955**

Mailing Address
**3905 SOUTH U.S. 1
ROCKLEDGE FL 32955**



Principal Place of Business

Shores Furniture, Inc. 3905 S. Hwy US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Rockledge, Florida

City & State

Rockledge Florida

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

82-0545230

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHORES, RAYMOND L
3905 SOUTH U.S. 1
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

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 **D** ☐ Delete
NAME **SHORES, RAYMOND L**
STREET ADDRESS **3905 SOUTH U.S. 1**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHORES, TINA L**
STREET ADDRESS **3905 SOUTH U.S. 1**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/07

Date

321-637338

Daytime Phone #

CR2E034 (4/03)