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

## **DOCUMENT #** P02000094417

1. Entity Name



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90153 020 \*\*\*150.00

SHORE	COMMERCIAL PIPING, IN	C.		<b> </b>						
10105 HUDSON AVENUE 101		10105	dailing Address 0105 HUDSON AVENUE UDSON FL 34669			-				
	•					1 188 188 1				
2. Principal Place of Business 3.			Mailing Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			_				
City & Sta	nte	City P	City & State			☐ CHECK HERE IF MAKING CHANGES				
7:0						4. FEI Number 03 -	7480956	_ —	Applied For Not Applicable	
Zip	Country	Zip		Country		5. Certificate of		\$8.75	Additional	
	6. Name and Address of Curre	ent Registered	Agent	Note of Long.	<u> ، يعبد ، حد جي د ي .</u>	7. Name and Ad	dress of New Registe	Fee Requ	ired	
HALL, WI	HALL, WILLIAM CRAIG			Name			•			
	KENNEDY BOULEVARD			5	Street Address (F	P.O. Box Number is	Not Acceptable)			
SUITE 75							<del></del>			
TAMPA FI	. 33609				City		<del>-</del>	FL Zip Co	ode	
8. The above	named entity submits this statement ions of registered agent.	for the purpos	e of changing its r	registered o	office or registere	ed agent, or both, i	n the State of Florida. I	am familiar with	and accept	
	as to glocored agent.								ii and accept	
SIĞNATURE .	Signature, typed or printed name of registered age	ont and title if applica	ble. (NOTE:	Registered Age	ent signature required v	when reinstating)		OTE		
î F	ILE NOW!!! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·		<u></u>			<del></del>	<del></del>	
Make Check	May 1, 2003 Fee will be \$550.0 Payable to Florida Department	of State					n Campaign Financing und Contribution.	_ +	00 May Be	
10.	OFFICERS AN	ľ		11.		ADDITIONS (CH	ANGES TO OFFICERS			
TITLE NAME	-		Delete	TITLE	D/	$\boldsymbol{P}$		Change	Addition	
STREET ADDRESS				NAME Street ad	JO!	hN H	BOHM SOU AUE.		Adolphi)	
CITY-ST-ZIP				CITY-ST-Z	1,0,0				1	
TITLE NAME	i		☐ Delete	TITLE	D	.5	<u>- 51007</u>	Change	Addition (	
STREET ADDRESS				NAME Street add	DAV	id A.	FARLEY	_ •		
_ CITY-ST-ZIP	<u> </u>			CITY_ST-Z	P	S H4dso dson-	FI 3UL	19		
TITLE NAME			☐ Delete	TITLE	D/	V		☐ Change	Addition	
STREET ADDRESS	·, ·			NAME STREET ADD	DRESS GAR	LAN S.	WILLIAM	ns		
CITY-ST-ZIP TITLE				CITY-ST-Z	, 1010 Hu	d sov	WILL IAM WAVE FL 3466	9		
NAME			☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	•			STREET ADD	RESS					
TITLE				CITY-ST-ZI	P	<del>-</del>				
NAME		٠.	Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDI	ı					
TITLE	<u> </u>			CITY-ST-ZIP	·	<del></del>				
NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDR						
	tify that the information supplied with	this files at		CITY-ST-ZIP		<del></del>				

Thereby 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

SIGNATURE:

727-862-7727