## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P08766** May 16, 2000 8:00 am Secretary of State SHELL CITY DEVELOPMENT CORP. 05-16-2000 90117 001 \*\*\*150.00 Principal Place of Business Mailing Address 306 METRO PLAZA 306 METRO PLAZA MONDAWMIN MALL MONDAWMIN MALL BALTIMORE MD 21215 BALTIMORE MD 21215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-1104633 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETREY, RODERICK N. Street Address (P.O. Box Number is Not Acceptable) 2 SO. BISCAYNE BLVD. **SUITE 3400** MIAMI FL 33131-1897 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE-NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change Addition ☐ Delete NAME 🔂 🗇 RODGERS, THEO C. STREET ADDRESS 306 METRO PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME ADAMS, WILLIAM L. STREET ADDRESS STREET ADDRESS 306 METRO PLAZA CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME VENABLE, GERTRUDE D. STREET ADDRESS STREET ADDRESS 306 METRO PLAZA CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change Addition TITLE TITLE ☐ Delete JOHNSON, CALLIE B. NAME NAME STREET ADDRESS STREET ADDRESS 306 METRO PLAZA CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD ☐ Change TITLE ☐ Delete TITLE Addition TOTAL SHE ME EXCE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/27/00 (4/0) 462-6844

FILED