

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90194 012 ***150.00

DOCUMENT # P93000015582

1. Entity Name

SOUTH SHORES CONSTRUCTION COMPANY, INC.

Principal Place of Business

**306 SOUTH GERONIMO ST.
DESTIN FL 32540**

Mailing Address

**306 SOUTH GERONIMO ST.
DESTIN FL 32540**

00012738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 Sand Myrtle Trail
Suite, Apt. #, etc.

3. Mailing Address

320 Sand Myrtle Trail
Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-3170509

Applied For

Not Applicable

Zip

Country

32541

USA

Zip

Country

32541

USA

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

**NESIUS, RICK
320 SAND MYRTLE TRAIL
DESTIN FL 32541**

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
NESIUS, RICK
320 SAND MYRTLE TRAIL
DESTIN FL 32541** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Rick Nesius

Date

1-22-01

Daytime Phone #

850-654-8535

CR2E034 (10/00)