

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025014 (Amended)

1. Entity Name

Shoreline Express, Inc.

Principal Place of Business

13231 Eastern Ave
Suite #3
Palmetto, FL 34221

Mailing Address

P.O. Box 7187
Sun City, FL
33586-7187

2. Principal Place of Business

13231 Eastern Ave.
Suite, Apt. #, etc.
Suite #3

3. Mailing Address

P.O. Box 7187
Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Sun City FL

4. FEI Number

59-3173575

Applied For

Not Applicable

Zip

34221

Country

U.S.A.

Zip

33586-7187

Country

U.S.A.

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 23 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

Timmy S. Adams
2404 7th Court East
Ellenton, FL 34222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

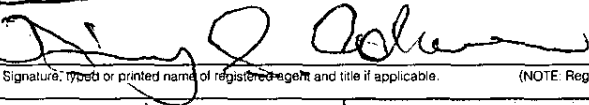
City

FL

Zip Code

X 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

TITLE ☐ Delete
NAME Director
STREET ADDRESS Timmy S. Adams
CITY-ST-ZIP 2404 7th Court East
Ellenton, FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Mildred Reba Hunt
CITY-ST-ZIP 6600 Buckeye Rd.
Palmetto, FL 34221

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

 TIMMY S. ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

941-729-2115

Daytime Phone #

CR2E034 (11/00)