

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90494 001 *2,850.00

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DOCUMENT # P93000035309

1. Entity Name
SHELLS OF DADE, INC.



Principal Place of Business
**7390 SW 117TH AVE
MIAMI FL 33183
US**

Mailing Address
**16313 NORTH DALE MABRY HIGHWAY
SUITE 100
TAMPA FL 33618**

55046736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3198413**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, WARREN
16313 NORTH DALE MABRY HWY, STE 100
TAMPA FL 33618**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input checked="" type="checkbox"/> Delete
NAME	HEAD, DAVID	
STREET ADDRESS	16313 NORTH DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITCHEY, JOHN	
STREET ADDRESS	16313 NORTH DALE MABRY HWY., #100	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, WARREN	
STREET ADDRESS	16313 N. DALE MABRY HWY, #100	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:

WARREN R. NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-03

Date

Daytime Phone #

CR2E034 (10/02)