

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90014 001 \*2,850.00

**DOCUMENT # P93000035313**

1. Entity Name  
**SHELLS OF BROWARD, INC.**

Principal Place of Business

2019 N UNIVERSITY DR  
 SUNRISE FL 33322  
 US

Mailing Address

16313 N. DALE MABRY HWY.  
 SUITE 100  
 TAMPA FL 33618

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 **59-3200180**

Applied For

Not Applicable

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

**HODGES, GEOFFREY T**  
**501 E. KENNEDY BLVD.**  
**SUITE 1400**  
**TAMPA FL 33602**

Name

Street Address

**Nelson, Warren**

**16313 North Dale Mabry Hwy, Ste. 100**

City

State

**Tampa, FL 33618**

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.

(NOT 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. DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **HATTAWAY, WILLIAM**  
 STREET ADDRESS **16313 N. DALE MABRY HWY., SUITE 100**  
 CITY- ST- ZIP **TAMPA FL 33618**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Head, David**  
 STREET ADDRESS **16313 North Dale Mabry, Ste.100**  
 CITY- ST- ZIP **Tampa. Florida 33618**

TITLE **D** ☒ Delete  
 NAME **ROEHL, FRANK C III**  
 STREET ADDRESS **16313 N. DALE MABRY HWY., SUITE 100**  
 CITY- ST- ZIP **TAMPA FL 33618**

TITLE **VP** ☐ Change ☐ Addition  
 NAME **Ritchey, John**  
 STREET ADDRESS **16313 North Dale Mabry, Ste.100**  
 CITY- ST- ZIP **Tampa. Florida 33618**

TITLE **V** ☐ Delete  
 NAME **NELSON, WARREN R.**  
 STREET ADDRESS **16313 N. DALE MABRY HWY, #100**  
 CITY- ST- ZIP **TAMPA FL**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Ritchey, John**  
 STREET ADDRESS **16313 North Dale Mabry, Ste.100**  
 CITY- ST- ZIP **Tampa. Florida 33618**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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 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:

**Warren Nelson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)