

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90125 003 \*\*\*158.75

**DOCUMENT # P93000047612**

1. Entity Name  
**SHERRIE'S SOUTH SHORE REALTY, INC.**



Principal Place of Business  
**3417 HIGHWAY U.S. 1 SOUTH  
ST. AUGUSTINE FL 32086**

Mailing Address  
**3417 HIGHWAY U.S. 1 SOUTH  
ST. AUGUSTINE FL 32086**

2. Principal Place of Business  
**736 S.R. 16**

3. Mailing Address  
**736 S.R. 16**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ST. AUGUSTINE, FL**

City & State  
**ST. AUGUSTINE, FL**

4. FEI Number **59-3190199**

Applied For

Not Applicable

Zip  
**32084**

Country

**St. Johns**

Zip  
**32084**

Country

**St. Johns**

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**VENUTI, SHERRIE  
1156 S WINTER HAWK DR  
ST. AUGUSTINE FL 32086**

## 7. Name and Address of New Registered Agent

Name  
**SHERRIE VENUTI MEUSER**  
Street Address (P.O. Box Number is Not Acceptable)  
**736 S.R. 16**  
City  
**St. Augustine FL** Zip Code  
**32084**

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 *Sherrie Venuti Meuser* **SHERRIE VENUTI MEUSER** 1/17/03  
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

TITLE **P** ☐ Delete  
NAME **VENUTI, SHERRIE**  
STREET ADDRESS **3417 US 1 SOUTH**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **D** ☐ Delete  
NAME **MEUSER, WILLIAM C**  
STREET ADDRESS **1156 S WINTER HAWK DR**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **VENUTI MEUSER, SHERRIE**  
STREET ADDRESS **736 S.R. 16**  
CITY-ST-ZIP **ST. Augustine, FL 32084**

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

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: *Sherrie Venuti Meuser* **SHERRIE VENUTI MEUSER** 1/17/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 801 Day Phone # 6500

CR2E034 (10/02)