

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064911

1. Entity Name

SHELLS OF ST. PETE BEACH, INC.

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

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

74111



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16313 N DALE MABRY HWY SUITE 100 TAMPA FL 33618		Mailing Address 16313 N DALE MABRY HWY SUITE 100 TAMPA FL 33618	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3247425		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, GEOFFREY T 16313 N DALE MABRY HWY SUITE 100 TAMPA FL 33618		7. Name and Address of New Registered Agent Name: Nelson, Warren Street Address: 16313 North Dale Mabry Hwy, Ste. 100 Tampa, FL 33618 City: _____ State 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:  Warren Nelson DATE: 5-29-01 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: HATTAWAY, WILLIAM STREET ADDRESS: 16313 N DALE MABRY HWY SUITE 100 CITY-ST-ZIP: TAMPA FL 33618 <input checked="" type="checkbox"/> Delete		TITLE: President NAME: Head, David STREET ADDRESS: 16313 North Dale Mabry, Ste.100 CITY-ST-ZIP: Tampa. Florida 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: NELSON, WARREN R. STREET ADDRESS: 16313 N. DALE MABRY HWY, STE 100 CITY-ST-ZIP: TAMPA FL <input type="checkbox"/> Delete		TITLE: VP NAME: Ritchey, John STREET ADDRESS: 16313 North Dale Mabry, Ste.100 CITY-ST-ZIP: Tampa. Florida 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 no 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: Warren Nelson 5-29-01 813-961-0944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)