

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064914

1. Entity Name

SHELLS OF MELBOURNE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90668 001 *3,000.00

Principal Place of Business

Mailing Address

1490 W NEW HAVEN AVE
 MELBOURNE FL 32901
 US

16313 N DALE MABRY HWY
 SUITE 100
 TAMPA FL 33618-1342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 33618

Name

Street Address: Warren R. Nelson
 16313 N. Dale Mabry Hwy, Ste 100
 Tampa, FL 33618

City

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.

SIGNATURE

5-2-00

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, 2000 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. ADDITIONS/CHANGES TO OFFICERS AND 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: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: NELSON, WARREN R
 STREET ADDRESS: 16313 N DALE MABRY HWY, STE 100
 CITY-ST-ZIP: TAMPA FL

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

TITLE: Delete
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W R NELSON

Date

5-2-00

Daytime Phone #

CR2E034 (9/99)