

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081161

1. Entity Name

SHELLS OF STUART, INC.

Principal Place of Business

2107 SE OCEAN BNLVD  
STUART FL 34996  
US

Mailing Address

16313 NORTH 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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street A

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

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

☐ Delete

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

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

☐ Delete

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

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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

Daytime Phone #

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

05-19-2000 90668 001 \*3,000.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0457573** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)