

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-05-2001 90014 001 *2,850.00

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**

- 74109



DO NOT WRITE IN THIS SPACE

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 **65-0457573**

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 EAST KENNEDY BLVD.
 SUITE 1400
 TAMPA FL 33602**

Name

Street Address

**Nelson, Warren
 16313 North Dale Mabry Hwy, Ste. 100
 Tampa, FL 33618**

City

State

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]

Warren Nelson

5-29-01

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT Registered Agent's 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 the 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]

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)