

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-05-2001 90014 001 *2,850.00

DOCUMENT # P93000084647

1. Entity Name

SHELLS OF ALTAMONTE SPRINGS, INC.

Principal Place of Business

1012 W HWY 436
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

16313 NORTH DALE MABRY HIGHWAY
 SUITE 100
 TAMPA FL 33618

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 **59-3216751**

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 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

Name

Street Address (**Nelson, Warren**

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

City

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.

Warren Nelson

(NOT) Registered Agent signature required when reinstating)

5-29-01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
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**
 STREET ADDRESS **16313 N. DALE MABRY HIGHWAY, SUITE 100**
 CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **V** ☒ Delete
 NAME **ROEHL, FRANK C III**
 STREET ADDRESS **16313 N. DALE MABRY HIGHWAY, SUITE 100**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ Change ☐ Addition
 NAME **NELSON, WARREN R.**
 STREET ADDRESS **16313 N. DALE MABRY HWY, #100**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ Delete
 NAME **NELSON, WARREN R.**
 STREET ADDRESS **16313 N. DALE MABRY HWY, #100**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-29-01

813-961-0944

CR2E034 (10/00)