

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P94000005442**

1. Entity Name  
**SHELLS OF 4TH STREET, INC.**

Principal Place of Business  
**16313 N. DALE MARBY HWY., SUITE 100  
 TAMPA FL 33618**

Mailing Address  
**16313 N. DALE MARBY HWY., SUITE 100  
 TAMPA FL 33618**

**74104**



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 **59-3225419**

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 (P.C.) **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! 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 **P** ☒ Delete  
 NAME **HATTAWAY, WILLIAM**  
 STREET ADDRESS **16313 N. DALE MARBY HWY., SUITE 100**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **VP** ☒ Delete  
 NAME **ROEHL, FRANK C III**  
 STREET ADDRESS **16313 N. DALE MARBY HWY., 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** ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 is 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-961-0944**

CR2E034 (10/00)