## 2001 UNIFORM BUSINESS REPCRT (UBR)

## Jun 05, 2001 8:00 am DOCUMENT # P94000042450 Secretary of State 06-05-2001 90014 001 \*2.850.00 SHELLS OF NEW SMYRNA BEACH, INC. Principal Place of Business Mailing Address 16313 N DALE MABRY HIGHWAY 16313 N DALE MABRY HIGHWAY SUITE 100 SUITE 100 74110 TAMPA FL 33618 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3247427 Not Applicable Žip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HODGES, GEOFFREY T Street Addre Nelson, Warren 501 E KENNEDY BLVD. 16313 North Dale Mabry Hwy, Ste. 100 **SUITE 1400** Tampa, Fl 33618 TAMPA FL 33602 ode 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. FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete President HATTAWAY, WILLIAM NAME NAME Head, David STREET ADDRESS STREET ADDRESS 16313 N DALE MABRY HIGHWAY, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP 16313 North Dale Mabry, Ste.100 **TAMPA FL 33618** ☐ Addition 👿 Delete TITLE TITLE Tampa. Florida 33618 NAME ROEHL, FRANK C III NAME STREET ADDRESS STREET ADDRESS 16313 N DALE MABRY HIGHWAY, SUITE 100 CITY-ST-ZIP CITY - ST - ZIP **TAMPA FL 33618** ☐ Delete ☐ Addition TITLE Change TITLE n NAME **NELSON, WARREN** NAME STREET ADDRESS STREET ADDRESS 16313 N DALE MABRY HIGHWAY, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Addition VPnange hange ☐ Delete TITLE NAME NAME Ritchey, John STREET ADDRESS STREET ADDRESS 16313 North Dale Mabry, Ste. 100 CITY-ST-7IP CITY-ST-ZIP Tampa. Florida 33618 ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

13. I hereby cortify 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 r y 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.

FILED