

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000042450

1. Entity Name
SHELLS OF NEW SMYRNA BEACH, INC.



FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90494 001 *2,850.00

55046742



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**16313 N DALE MABRY HIGHWAY
SUITE 100
TAMPA FL 33618**

Mailing Address
**16313 N 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

4. FEI Number **59-3247427**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NELSON, WARREN
16313 NORTH DALE MABRY HWY, STE 100
TAMPA FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **HEAD, DAVID**
STREET ADDRESS **16313 NORTH DALE MABRY HWY, STE 100**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **VP** ☐ Delete
NAME **RITCHEY, JOHN**
STREET ADDRESS **16313 N DALE MABRY HIGHWAY, SUITE 100**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **D** ☐ Delete
NAME **NELSON, WARREN**
STREET ADDRESS **16313 N DALE MABRY HIGHWAY, SUITE 100**
CITY-ST-ZIP **TAMPA FL 33618**

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED **Warren R. Nelson**

5-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

0463988 AV