

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064112

1. Entity Name

SHELLS OF KISSIMMEE, INC.

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

06-05-2001 90014 001 *2,850.00

74108



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16313 N. DALE MABRY HWY. SUITE 100 TAMPA FL 33618	Mailing Address 16313 N. DALE MABRY HWY. SUITE 100 TAMPA FL 33618
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3298306	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HODGES, GEOFFREY T 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602

7. Name and Address of New Registered Agent Name Street Address City	Nelson, Warren 16313 North Dale Mabry Hwy, Ste. 100 Tampa, FL 33618
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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	<i>Warren Nelson</i>	DATE
Signature, typed or printed name of registered agent and title if applicable.	(NOT) Registered Agent signature required when reinstating	5-29-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTAWAY, WILLIAM 16313 N. DALE MABRY HWY., STE. 100 TAMPA FL 33618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEHL, FRANK C III 16313 N. DALE MABRY HWY., STE. 100 TAMPA FL 33618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WARREN 16313 N. DALE MABRY HWY., STE. 100 TAMPA FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Head, David 16313 North Dale Mabry, Ste.100 Tampa. Florida 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ritchey, John 16313 North Dale Mabry, Ste.100 Tampa. Florida 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.		
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SIGNATURE:	<i>Warren Nelson</i>	DATE	5-29-01	DAYTIME PHONE #	813 961-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/00)