

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087282

1. Entity Name

NORTHSHORE INDUSTRIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90013 029 ***150.00

Principal Place of Business
350 MT VERNON STR
OLDSMAR FL 34677
US

Mailing Address
103 PINE ST AVE
OLDSMAR FL 34677-2112
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103 Pine Ave
Suite, Apt. #, etc.

3. Mailing Address
103 Pine Ave
Suite, Apt. #, etc.

City & State
OLDSMAR FL

City & State
OLDSMAR FL

Zip
34677

Country
USA

Zip
34677

Country
Pinellas

4. FEI Number
59-3285058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIRICHIGNO, JERRY L
12703 CORRAL RD.
TAMPA FL 33626

7. Name and Address of New Registered Agent
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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		
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHIRICHIGNO, JERRY L	
STREET ADDRESS	12703 CORRAL RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIRICHIGNO, KATHLEEN J	
STREET ADDRESS	12703 CORRAL RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-28-00 813-880202
Date Daytime Phone #

CR2E034 (9/99)