

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90051 037 \*\*\*150.00

**DOCUMENT # P95000013269**

1. Entity Name

**SOUTHERN SHORES PROPERTIES, INC.**

Principal Place of Business

5365 E. CO. HWY 30A  
 STE 101  
 SANTA ROSA BEACH FL 32459

Mailing Address

PO BOX 2324  
 SANTAROSA BEACH FL 32459  
 US

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

**59-3307010**

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

MITCHELL, GEORGE E  
 8713 ANCHORAGE DR  
 DESTIN FL 32541

10140 E. Co. Hwy. 30A  
 PO Box 2324  
 Santa Rosa Beach, FL  
 Panama City Beach, FL 32413

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

*Elliot Mitchell* **Elliot Mitchell Pres.**

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, 2002 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MITCHELL, GEORGE E**  
 CITY-ST-ZIP **8713 ANCHORAGE DR DESTIN FL 32541**

TITLE ☒ Change ☐ Addition  
 NAME **George E. Mitchell**  
 STREET ADDRESS **PO Box 2324**  
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **WEST, HERBERT C**  
 CITY-ST-ZIP **8713 ANCHORAGE DR DESTIN FL 32541**

TITLE ☒ Change ☐ Addition  
 NAME **Herbert C. West**  
 STREET ADDRESS **PO Box 2324**  
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(f), 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.

**SIGNATURE:**

*Elliot Mitchell* **ELLIO MITCHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)