

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058966

1. Entity Name

SHORE STUDIOS, INC.

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

04-05-2001 90030 037 ***150.00

Principal Place of Business 3205 CANAL DRIVE POMPANO BEACH FL 33062 US	Mailing Address P.O. BOX 50588 LIGHTHOUSE POINT FL 33074 US
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DUPLICATE



DO NOT WRITE IN THIS SPACE

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	65-0603844	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OULTON, BRYAN P 3205 CANAL DRIVE POMPANO BEACH FL 33062		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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, 2001 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	P	<input type="checkbox"/> Delete		TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OULTON, BRYAN P			NAME			
STREET ADDRESS	3205 CANAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OULTON, ROBERT			NAME			
STREET ADDRESS	3205 CANAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OULTON, YVONNE			NAME			
STREET ADDRESS	3205 CANAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT F. OULTON

3-30-01 954-784-1599

CR2E034 (10/00)