

DOCUMENT # P95000067358
 1. Entity Name
SHANER'S LAND & SEA MARKET INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90097 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2000 PASS-A-GRILLE WAY ST **2000 PASS-A-GRILLE WAY ST**
ST PETERSBURG BEACH FL 33706 **ST PETERSBURG BEACH FL 33706**

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 **59-3326718** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HALE, FRED
5369 PARK BLVD
PINELLAS PARK FL 34665-3421

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

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	PD	<input type="checkbox"/> Delete
NAME	SHANER, MICHAEL S	
STREET ADDRESS	2000 PASS-A-GRILLE WAY ST	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SHANER, JACQUELYN L	
STREET ADDRESS	2000 PASS-A-GRILLE WAY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, FRED	
STREET ADDRESS	2000 PASS-A-GRILLE WAY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: Michael Shaner **MICHAEL S. SHANER** 1-7-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01-727-367-4292

CR2E034 (10/00)