

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 26, 2000 8:00 am  
Secretary of State  
05-26-2000 90100 008 \*\*\*150.00

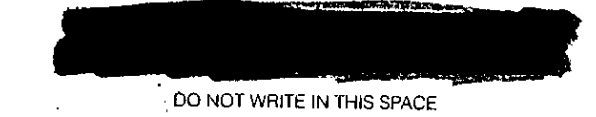
DOCUMENT # P97 000063026  
Entity Name  
Ship Shape & Shine Inc

Principal Place of Business  
1401 SW 15th St #317  
Ft Lauderdale FL 33316

Principal Place of Business  
1401 SW 15th  
Suite, Apt. #, etc. 317

City & State  
Ft Lauderdale FL  
Country USA  
Zip 33316

6. Name and Address of Current Registered Agent  
Di Nucci, Sebastian  
1401 SW 15th St #317  
Ft Lauderdale FL 33316



4. FEI Number  
65 0768298  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME D Di Nucci Sebastian 1401 SW 15th St #317 Ft Lauderdale FL 33318 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 stated 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: Sebastian Di Nucci  
Date 4/27/00  
Daytime Phone # 954 522-6100