

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040788

1. Entity Name

NETTLES NEST, SHELLS & GIFTS FROM THE SEA, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90068 007 \*\*\*150.00

Principal Place of Business

11035 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957  
US

Mailing Address

11035 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957  
US

00039044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0834498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANDSIRE, KURT  
11035 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

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, 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

TITLE ☐ Delete  
NAME PT  
STREET ADDRESS TUCKER, SHIRLEY  
CITY-ST-ZIP 140 NETTLES BLVD  
JENSEN BEACH FL 34956

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS GRANDSIRE, KURT  
CITY-ST-ZIP 280 S.E. ST. LUCIE BLVD., #102  
STUART FL 34996

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DIXON, BETH  
CITY-ST-ZIP 380 POKORNY ROAD  
HIGGMUM CT 06441

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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 #

*Kurt Grandsire* KURT GRANDSIRE 4/13/01 (561) 229-8953

CR2E034 (10/00)