2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045516 Jan 13, 2000 8:00 am **Secretary of State** SHORELINE INDUSTRIES, INC. 01-13-2000 90041 017 ***150.00 Principal Place of Business Mailing Address 30375 QUAILROOST TRAIL 30375 QUAILROOST TRAIL BIG PINE KEY FL 33043 BIG PINE KEY FL 33043-3350 UUUU2734 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0124049 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STARR: NANCY B ----Street Address (P.O. Box Number is Not Acceptable) 30375 QUAILROOST TRAIL **BIG PINE KEY FL 33043** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete NAME STARR, NANCY B STREET ADDRESS STREET ADDRESS 30375 QUAILROOST TRAIL CITY-ST-7IP CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete TITLE NAME WILLIAMS, EDGAR NAME STREET ADDRESS STREET ADDRESS 30375 QUAILROOST TRAIL CITY-ST-ZIP CITY-ST-ZIF BIG PINE KEY FL 33043 □ Delete Change Addition TITLE TITLE NAME MCENROE, JANE NAME STREET ADDRESS STREET ADDRESS 30375 QUAILROOST TRAIL CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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

1/6/00 305-872-1975

Daytime Phone #