

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045516

1. Entity Name

SHORELINE INDUSTRIES, INC.

Principal Place of Business

30375 QUAILROOST TRAIL
BIG PINE KEY FL 33043

Mailing Address

30375 QUAILROOST TRAIL
BIG PINE KEY FL 33043

2. Principal Place of Business

3. Mailing Address

PO Box 430498

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Big Pine Key, FL

Zip

Country

Zip

Country

33043

4. FEI Number

65-0124049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARR, NANCY B
30375 QUAILROOST TRAIL
BIG PINE KEY FL 33043

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARR, NANCY B 30375 QUAILROOST TRAIL BIG PINE KEY FL 33043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, EDGAR 30375 QUAILROOST TRAIL BIG PINE KEY FL 33043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCENROE, JANE 30375 QUAILROOST TRAIL BIG PINE KEY FL 33043	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Nancy Starr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90090 004 ***150.00

00000011



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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