

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052934

1. Entity Name

SHIP N' SHORE CUSTOM CANVAS & CUSHIONS, INC.

Principal Place of Business

3573 ENTERPRISE AVE. SUITE 99
NAPLES FL 34104

Mailing Address

3573 ENTERPRISE AVE. SUITE 99
NAPLES FL 34104-3638

2. Principal Place of Business

3573 Enterprise Ave.

3. Mailing Address

3573 Enterprise Ave.

Suite, Apt. #, etc.

#55

Suite, Apt. #, etc.

#55

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34104

Country

USA

Zip

34104

Country

USA

6. Name and Address of Current Registered Agent

HUDGINS, THOMAS F
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105-3203

7. Name and Address of New Registered Agent

Name

David N. Morrison

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Trail North

Suite 402

City

Naples

FL

Zip Code
34103

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

David N. Morrison

David N. Morrison

4/14/00

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNETT, HALBURN C	
STREET ADDRESS	3573 ENTERPRISE AVE, SUITE 99	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	CASSIDY, SHAWN P	
STREET ADDRESS	3573 ENTERPRISE AVE, STE 94	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARNETT, BRIAN	
STREET ADDRESS	3573 ENTERPRISE AVE, STE 94	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaun P. Cassidy	
STREET ADDRESS	3573 Enterprise Ave. #55	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shaun P. Cassidy PRES.

Date

4-14-00

Daytime Phone #

(941) 434-8388

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90075 024 ***150.00