

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90325 009 ***150.00

DOCUMENT # P98000060661

1. Entity Name

SHELL ISLAND CONSTRUCTION, INC.

Principal Place of Business

**12301 MCGREGOR PALMS DR
FORT MYERS FL 33908**

Mailing Address

**PO BOX 808
SANIBEL FL 33957**

2. Principal Place of Business

11563 MARSHWOOD LN.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

4. FEI Number

65-0848980

Applied For

Not Applicable

Zip

33957

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J
1633 PERIWINKLE WAY SUITE A
SANIBEL FL 33957**

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 **DP** ☐ Delete
NAME **COCHRANE, BRUCE A**
STREET ADDRESS **3057 WEST GULF DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **DTS** ☐ Delete
NAME **HOGREFE, PETER L**
STREET ADDRESS **1709 SANDPEBBLE WAY**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **DV** ☐ Delete
NAME **ROTEL, STEVEN W.**
STREET ADDRESS **12301 MCGREGOR PALMS DR**
CITY-ST-ZIP **FORT MYERS FL 33908**

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 **DP** ☐ Change ☐ Addition
NAME **COCHRANE, BRUCE A.**
STREET ADDRESS **263 MARSHWOOD CIR.**
CITY-ST-ZIP **SANIBEL, FL. 33957**

TITLE **DTS** ☐ Change ☐ Addition
NAME **HOGREFE, PETER L.**
STREET ADDRESS **16460 ARBOR RIDGE DR.**
CITY-ST-ZIP **FT. MYERS, FL. 33908**

TITLE **DV** ☐ Change ☐ Addition
NAME **ROTEL, STEVEN W.**
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

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

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: **Bruce A. Cochrane, Bruce A. Cochrane, Pres.**

Date **1/22/01**

Daytime Phone # **941-237-3233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)