

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90076 043 ***150.00

DOCUMENT # P98000060661

1. Entity Name
SHELL ISLAND CONSTRUCTION, INC.

Principal Place of Business

~~11563 MARSHWOOD LANE
 FT MYERS FL 33957~~

Mailing Address

~~PO BOX 808
 SANIBEL FL 33957~~

2. Principal Place of Business

12301 McGregor Palms Dr.
 Suite, Apt. #, etc.

3. Mailing Address

12301 McGregor Palms Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Myers FL.

Zip Country
33908 Lee

City & State
Fort Myers FL.

Zip Country
33908 Lee

4. FEI Number
65-0848980

Applied For
 Not Applicable

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	KOTEL, STEVEN W	
STREET ADDRESS	12301 MCGREGOR PALMS DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DP	☐ Delete
NAME	KOTEL, STEVEN W	
STREET ADDRESS	12301 MCGREGOR PALMS DR	
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	KOTEL, STEVEN W	
STREET ADDRESS	12301 MCGREGOR PALMS DR	
CITY-ST-ZIP	Fort Myers FL 33908	
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: **Steven W. Kotel** **STEVEN W. KOTEL** 1/26/02 9412673233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)