

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 023 \*\*\*150.00

**DOCUMENT # P98000084024**

1. Entity Name  
**THE MARKET AT NORTH SHORE, INC.**

Principal Place of Business  
**363-7 ATLANTIC BLVD.**  
**ATLANTIC BEACH FL 32233**  
**US**

Mailing Address  
**363-7 ATLANTIC BLVD.**  
**ATLANTIC BEACH FL 32233**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3537315**

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

6. Name and Address of Current Registered Agent  
**PACETTI, W. SCOTT**  
**363-7 ATLANTIC BLVD.**  
**ATLANTIC BEACH FL 32233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURST, DAVID E</b> <b>363-7 ATLANTIC BLVD.</b> <b>ATLANTIC BEACH FL 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURST, SUSAN D</b> <b>363-7 ATLANTIC BOULEVARD</b> <b>ATLANTIC BEACH FL 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **DAVID E. HURST** **7-19-02** **904-246-2441**

CR2E034 (4/02)

Attachment

P980084624  
122576

**The Market at NorthShore, Inc.**

**363 ATLANTIC BLVD., ATLANTIC BEACH, FL 32233**

**(904) 246-2441**

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find the fee required for the filing of our Corporation's Uniform Business Report. We regret that this is obviously late, but since I never received the original notice, I am therefore requesting that you waive the late fee.

Thank you for your consideration.

Sincerely,



David E. Hurst  
President