

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 035 ***150.00

DOCUMENT # P98000088232

1. Entity Name
SHORE COMMERCIAL, INC.

Principal Place of Business 10105 HUDSON AVENUE HUDSON FL 34669	Mailing Address 10105 HUDSON AVENUE HUDSON FL 34669-1040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3540328** 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

HALL, W. CRAIG ESQUIRE
4830 WEST KENNEDY BLVD., SUITE 750
TAMPA FL 33609

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	VPD FARLEY, DAVID A	10105 HUDSON AVENUE	HUDSON FL 34669	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
	SD WILLIAMS, GARLAN S	10105 HUDSON AVENUE	HUDSON FL 34669	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
	PD ZSIGA, JOSEPH F	8713 GUMTREE AVENUE	NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add

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 A Farley Date: 1-7-00 Daytime Phone #: 727-762-7727