

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090182

1. Entity Name

SHIP SHAPE, CELEBRATION, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90234 048 \*\*\*158.75

Principal Place of Business

Mailing Address

P.O. BOX 1843  
 WINDERMERE FL 34786

P.O. BOX 1843  
 WINDERMERE FL 34786-1843

2. Principal Place of Business

3. Mailing Address

605 Market Street

P.O. BOX 470546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apartment 250

City & State

City & State

Celebration, FL

Celebration, FL

Zip

Country

Zip

Country

34747

USA

34747

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, DAVID  
 6224 RALEIGH ST. # 810  
 ORLANDO FL 32835

Name RAFFAELLO SESSOMS

Street Address (P.O. Box Number is Not Acceptable)  
 605 MARKET ST #250

CELEBRATION, FL 34747

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

*Raffaello Sessoms*

5/1/2000

Signature of registered agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SESSOMS, RAFFAELLO  
 CITY-ST-ZIP 605 MARKET ST #250  
 CELEBRATION FL 34747

TITLE ☒ Change ☐ Addition  
 NAME P/V/T/S/D/C/M  
 STREET ADDRESS RAFFAELLO SESSOMS  
 CITY-ST-ZIP 605 MARKET ST #250  
 CELEBRATION, FL 34747

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Raffaello Sessoms*, RAFFAELLO SESSOMS 5/1/2000 (407)566-9132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)