

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90011 016 \*\*\*150.00

DOCUMENT # **LP98000107218**

1. Entity Name  
**SHIP AND SHORE INCORPORATED**

Principal Place of Business	Mailing Address
5840 WASHINGTON STREET (BAY 2) HOLLYWOOD FL 33023	5840 WASHINGTON STREET (BAY 2) HOLLYWOOD FL 33023-1947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5840 Washington St Suite, Apt. #, etc. BAY # 2	5840 Washington St Suite, Apt. #, etc. BAY # 2
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33023	Country U.S.A.

4. FEI Number	65-0882789	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent  
**JENKS, LOUIS**  
**5840 WASHINGTON STREET (BAY 2)**  
**HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

**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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PERON, JORGE</b>
STREET ADDRESS	<b>5111 SARAZEN DR</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PERON, MARLENE</b>
STREET ADDRESS	<b>5111 SARAZEN DR</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JENKS, JODI</b>
STREET ADDRESS	<b>6161 SW 188 AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JENKS, LOUIS</b>
STREET ADDRESS	<b>6161 SW 188 AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33332</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-26-2000** Daytime Phone #: **(954) 985-1733**

CR2E034 (9/99)