

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90319 024 ***150.00

DOCUMENT # P99000005409

1. Entity Name

SHORE PROPERTIES, INC.

Principal Place of Business

**11901 S. AUSTIN AVE
STE 302
ALSIP IL 60803**

Mailing Address

**11901 S. AUSTIN AVE
STE 302
ALSIP IL 60803**

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

36-4270785

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

TRAINOR, PAUL

1101 13TH STREET W.

P.O. BOX 11325

RIVERA BEACH FL 33404

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

Signature, typed 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

**S
TRAINOR, THOMAS D
119010 S AUSTIN AVENUE
ALSIP IL 60803**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**VP
TRAINOR, PAUL
1101 13TH ST., P.O. BOX 11325
RIVERA BEACH FL 33404**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**P
TRAINOR, ROBERT J JR
11901 S AUSTIN AVENUE
ALSIP IL 60803**

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ 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:

STEPHAN H. ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

CR2E034 (9/01)