

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90037 029 ***150.00

DOCUMENT # P99000021272

1. Entity Name
SHIP 'N SHORE, INC. OF KEY WEST



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1209 TRUMAN AVE. #1 1209 TRUMAN AVE. #1
 KEY WEST FL 33040 KEY WEST FL 33040-7248

2. Principal Place of Business 3. Mailing Address
6363 Overseas Hwy. *6363 Overseas Hwy.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Marathon, Fla. *Marathon, Fla.* *FIN 65-0901168* Not Applicable
 Zip Country Zip Country 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
HAZUKA, ROSLYN J.
1720 PATRICIA ST.
KEY WEST FL 33040
 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: *Roslyn Joyce Hazuka*
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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	<i>President</i> <i>Roslyn Joyce Hazuka</i> <i>1720 Patricia Street</i> <i>Key West, Fla. 33040</i>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Roslyn Joyce Hazuka* Date: *4/17/00* Daytime Phone #: *305-295-7650*

CR2E034 (9/99)