

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031534

1. Entity Name

SHORELINE SEAWALL, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90074 004 \*\*\*150.00

Principal Place of Business

Mailing Address

980 SE 23 ST  
OKEECHOBEE FL 34974

980 SE 23 ST  
OKEECHOBEE FL 34974-5392

2. Principal Place of Business

1346 S.E. 8TH Dr.

3. Mailing Address

1346 S.E. 8TH Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

FL

4. FEI Number

65-0928453

Applied For

Not Applicable

Zip

Country

34974

Okeechobee

Zip

Country

34974

U.S.A.

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

MCMaster, MEL  
980 SE 23 ST  
OKEECHOBEE FL 34974

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, 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 MCMaster, MEL  
CITY-ST-ZIP 980 SE 23 ST  
OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCMaster, MARK  
CITY-ST-ZIP 980 SE 23 ST  
OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MAGILL, RICH  
CITY-ST-ZIP 1475 SE 21 ST  
OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ASPDEN, RICK  
CITY-ST-ZIP 3840 MILDRED  
WAYNE MI 48184

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mel McMaster*  
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00 9637637644

CR2E034 (9/99)