

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000031534**

1. Entity Name

SHORELINE SEAWALL, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90034 043 ***150.00

909358

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1346 SE 8TH DR OKEECHOBEE FL 34974	Mailing Address 1346 SE 8TH DR OKEECHOBEE FL 34974
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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 65-0928453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCMaster, MEL 980 SE 23 ST OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name Richard Aspden Street Address (P.O. Box Number is Not Acceptable) 1346 SE 8TH Drive City Okeechobee FL Zip Code 34974
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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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMaster, MEL	NAME	
STREET ADDRESS	980 SE 23 ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMaster, MARK	NAME	
STREET ADDRESS	980 SE 23 ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGILL, RICH	NAME	
STREET ADDRESS	1475 SE 21 ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPDEN, RICK	NAME	
STREET ADDRESS	3840 MILDRED	STREET ADDRESS	
CITY-ST-ZIP	WAYNE MI 48184	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Richard Aspden

Date

12/31/00

Daytime Phone #

863-763-7646

CR2E034 (10/00)