

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90877 025 \*\*\*150.00

**DOCUMENT #** S11935

1. Entity Name

**SHORE POINT MANAGEMENT COMPANY**

**DO NOT WRITE IN THIS SPACE**

662976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2101 S. ATLANTIC AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2101 S. ATLANTIC AVE.**  
Suite, Apt. #, etc.

City & State  
**DAYTONA BCH SH., FL.**

City & State  
**DAYTONA BCH SHORES, FL.**

4. FEI Number  
**59-3038694**

Applied For  
 Not Applicable

Zip  
**32118**

Country  
**USA**

Zip  
**32118**

Country  
**USA**

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

Name  
**LINDA NIEDERPRUEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**2101 S. ATLANTIC AVE.**  
**DAYTONA BEACH SHORES**  
City **FL** Zip Code **32118**

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.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$650.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT LINDA A. NIEDERPRUEM 2101 S. ATLANTIC AVE. DAYTONA BCH SH., FL. 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT CHRISTOPHER V. SPANN 2101 S. ATLANTIC AVE. DAYTONA BCH SH., FL. 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC'Y CURT L. NIEDERPRUEM 2101 S. ATLANTIC AVE. DAYTONA BCH SH., FL. 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAYTONA BCH SH., FL. 32118</b>
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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)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Linda A. Niederpruem Pres.* **4-25-02** **386-254-8710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**LINDA A. NIEDERPRUEM**

CR2E034B (12/01)